

Request to Quote Form

Agency: Perlinger Financial Services & Perlinger Group Benefits
105, 7710 - 5th Street SE
Calgary, AB T2H 2L9
Ph: (403) 217-5560
Fax: (403) 217-6593

Agents: Vic Perlinger & Joe Perlinger

Company Name: _____
Address: _____
Phone: _____
Fax: _____

1. Nature of Business? _____
2. Length of time in business? _____
3. Number of full-time employees (over 20 hours per week)? _____
4. Has number of employees changed significantly over the past year? _____
5. Are all employees included in this data? _____
6. How many employees are related to the owners and / or partners? _____
7. Are all workers covered by Workers Compensation? _____
8. Are all workers covered by E.I.? _____
9. Is the employer contributing 50% towards the cost of the plan? _____
10. Is anyone disabled at present? _____
11. Are there commissioned salespeople? _____
12. *(If yes to #11)* What percentage of income is commission? _____
13. Current Insurer? _____
14. Effective Date? _____
15. What is the primary reason for requesting a quotation? _____

Comments: *(If the answer was NO to any of the above questions please provide details.)*

Rates and Experience

Company: _____

RATE HISTORY

Benefit **Current** **Last Year** **2 Years Ago** **3 Years Ago**

From:
To:

Life:				
Dep Life:				
AD&D:				
LTD:				
STD:				
Health:	single			
	family			
Dental:	single			
	family			

CLAIMS EXPERIENCE

Benefit **Current** **Last Year** **2 Years Ago**

From:
To:

STD:	premium			
	claims			
Health:	premium			
	claims			
Dental:	premium			
	claims			

Letter of Authorization

Date: _____

We hereby appoint Vic Perlinger of Perlinger Financial Services & Joe Perlinger of Perlinger Group Benefits Ltd. to act as the representatives and Agent of Record to obtain quotations for our company's employee group benefit program.

Vic & Joe Perlinger will serve as Agent of Record for all quotations received from all insurers submitting such quotations. Please provide Perlinger Financial Services Ltd. & Perlinger Group Benefits Ltd. with all the necessary information they are requesting and forward any questions you

Group Name: _____

Signed: _____

Position: _____

Date: _____