



Great Lakes
Insurance
Brokers

Request for Group Insurance Quote

Fax to 269-424-5069

Date _____ Need by _____

Contact Name _____

Employer Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Email _____

Nature of Business _____ SIC Code _____

Current Ins. Carrier _____ Current Premium \$ _____
per Week/Month/Quarter/Year

Why are you shopping for a new Carrier? _____ Rates _____ Service _____ Benefits
_____ New Coverage

Current Benefits:

Deductible: In Network _____ Out of Network _____

Co-Insurance: In Network _____ Out of Network _____

Co-Pay _____ Prescription _____

Maternity _____ Supplemental Accident _____

Maximum out of Pocket _____ Life Insurance _____

Other Options _____

Changes Desired in New Plan:

