QUOTE REQUEST FORM

PLEASE EMAIL TO YOUR TEAM OR FAX TO US AT 844-547-4329

Today's Date: _____

GROUP INFORMATION

Company Name: _____ City: _____ Zip: _____

Effective Date: _____ SIC Code: _____ # of Union Employees: _____

# of FTEs: _____ # of Benefit Eligible: _____

Coverage Provided by a Labor Fund? _____ # of 1099 Employees? _____ # of Out of State Employees? _____

BROKER INFORMATION

Name: _____

Agency Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Lic.#: _____

Please mark the carriers that you and your agency are currently appointed with:

- ☐ Banner Aetna
- ☐ Blue Cross Blue Shield of Arizona
- ☐ Humana
- ☐ UnitedHealthcare*

MEDICAL	DENTAL	OTHER
☐ Banner Aetna	☐ Banner Aetna	☐ Life
☐ Blue Cross Blue Shield of Arizona	☐ Blue Cross Blue Shield of Arizona	☐ Flat ☐ X Salary
☐ Humana	☐ Humana	☐ Class
☐ UnitedHealthcare*	☐ Guardian	☐ Vision ☐ LTD ☐ STD
	☐ MetLife	☐ Call a Doctor Plus
	☐ Principal	
	☐ Unum	
	☐ UnitedHealthcare*	
☐ HMO ☐ PPO ☐ HSA ☐ EPO ☐ ALL	☐ DHMO ☐ DPO ☐ Indemnity ☐ ALL	

QUOTE DELIVERY	ADDITIONAL NOTES
Needed by (date): _____	_____
☐ Hold for Pick-up DATE: _____ TIME: _____	_____
☐ Email ☐ Fax (Summaries Only)	_____

Do you have current coverage? If yes, please provide the name of your plan(s) below or a copy of your renewal

☐ Yes ☐ No

Carrier & Plan Name(s)

* Non-contracted carrier.

AMWINS CONNECT

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IF YOU WOULD LIKE TO USE OUR CENSUS IMPORT TEMPLATE INSTEAD, PLEASE CLICK HERE.

CENSUS - Use a single line for each member in the group (spouses and children should be listed on their own directly after the employee)

* Only needed if quoting LTD/STD

STATUS EE for EMPLOYEE SP for SPOUSE CH for CHILD	NAME	EMAIL ADDRESS	GENDER (M/F)	DATE OF BIRTH	HOME ZIP CODE	LIFE AMOUNT OR SALARY	JOB TITLE*

AMWINS CONNECT