

REQUEST FOR GROUP QUOTATION

Please send all RTQs to quotes@matrixontario.com



Name of Business _____ Location of Business _____

Legal Status – Corporation Partnership Sole Proprietorship Union Association Other

Nature of Business (goods or services provided) _____

How long in operation? _____ years Is there a union? Yes No Number of employees _____

	Yes	No
1. Do any Owners, Partners, Shareholders or other employees not actively working at the business full-time require benefits?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any employees that are seasonal or work on a contract basis? Seasonal (must work minimum of 9 months per year) – number of employees _____ Contract – please provide duration of contract and number of employees _____ Independent Contractors – please provide details _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Have any employees been disabled within the past 3 years? <i>If yes, how many?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Anyone currently absent from work due to disability, maternity leave or other leaves of absence? <i>If yes, please explain and indicate how many employees</i> _____ <i>Has the insurer waived premium for Life/LTD?</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Anyone not covered by Worker's Compensation? <i>If yes, please list who is not covered</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Anyone not covered by Employment Insurance? <i>If yes, please list who is not covered</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are more than 50% of employees related to one another? <i>If yes, please state number and relationships</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Has there been a significant change in # of employees in last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the company receive outside funding? <i>If yes, from where and what %?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the business operate from a location, which is totally separate from the owner's residence?	<input type="checkbox"/>	<input type="checkbox"/>

Premiums– Employer pays the following % for each benefit:

Life/AD & D _____%	Long Term Disability _____%
Dependent Life _____%	Extended Health _____%
Weekly Indemnity _____%	Dental _____%

Proposed Effective Date _____

Existing Plan Profile (please attach Plan Design, Rates, Premium & Claims Experience for last 3 years)

Name of current carrier _____

How long with current carrier? _____ years Number of carriers in last 5 years? _____

Why is group being marketed? _____

Broker Profile:

Name of Company _____ Broker Name: _____

