



**Small Group Quote Request Form**

Send Completed RFP to: cborde@baapa.us

<b>Name</b>		<b>Email</b>	
<b>Agency</b>		<b>Phone</b>	

**Effective Date**

<b>Group Name</b>	
<b>Street Address</b>	
<b>City, State, &amp; Zip</b>	
<b>SIC Code</b>	
<b>Date of Incorporation or Business</b>	
<b>Business Classification (S, C, LLC etc.)</b>	
<b>Tax Year End</b>	
<b>State Business Incorporated in</b>	

**Current Lines of Coverage**

**Virgin Group**    
**Medical**    
**Dental**    
**Vision**    
**Life**    
**Disability**    
**Pension**

**Current Carrier**

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**Does the owner have ownership in any other businesses that are considered commonly owned (controlled groups) as described by IRS Section 414?**    YES     NO

Group size is determined by the Average Total Number of Employees (ATNE) of all controlled groups/commonly owned companies. If payroll for ALL companies totals 51 or more, then group needs to be quoted as large group. **If payroll calculation below totals 51 or more, please contact our office.**

Enter total number of EEs for all commonly owned businesses in prior calendar year (even if not insured together):

# of FT Employees	
# of PT/Seasonal Employees	
TOTAL on Payroll	

**REQUESTED PRODUCTS**

**Medical**    
**Dental**    
**Vision**    
**Life**    
**Disability**    
**Pension**

**REQUESTED CARRIERS**

**Aetna AFA**    
**FL Blue**    
**Humana**    
**United**    
**Nat'l General**    
**ANICO**

**All Savers**    
**FHCP**    
**Principal**    
**Guardian**    
**MetLife**

**SPECIAL NOTES FOR QUOTING**


**Complete CENSUS with genders and DOBs for ALL enrolled members, including dependents. (See Census Tab)**

*If any former employees/dependents are currently on COBRA/State Continuation then please include on census.*

