



**ACCIDENT & MEDICAL GROUP QUOTE REQUEST**

Send to: [info@GlobalRiskBroker.com](mailto:info@GlobalRiskBroker.com) OR Fax: 417-459-4623

Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

From: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

<b>Name of Client (Group):</b>	
<b>Address:</b>	
<b>Description of job, trip, or risk:</b>	<b>Age/Grade Levels:</b>
<b>Estimated Annual Participants:</b> Inbound      and/or      Outbound	<b>Anticipated Policy Period:</b>
_____	
<b>Total</b> <b>Total</b>	
<b>Origin:</b>	<b>Destination:</b>
<b>Duration of trips, Countries visited, Length of stay in each country, (use next page to explain)</b>	<b>Minimum Deposit Premium</b>

\*Please also complete the attached census form.

<b>BENEFITS</b>	<b>BENEFIT MAXIMUMS/OPTIONS (Circle One)</b>
<b>Accident/Sickness Medical:</b>	\$25K, \$50K, \$100K, \$150K, \$250K, \$500K, \$1Mil
<b>Deductible:</b>	\$0, \$25, \$50, \$100, \$250, \$500, \$1,000, \$5,000
<b>Coinsurance:</b>	100%; 80/20% to \$5,000, 80/20% to \$10,000
<b>AD&amp;D:</b>	\$10,000 Minimum Other \$ _____
<b>Emergency Med-Evac:</b>	\$15K, \$25K, \$50K, \$75K, \$100K, \$200K, \$300K
<b>Repatriation of Remains:</b>	\$10K, \$15K, \$20K, \$25K, \$50K Other: \$ _____



<b>Emergency Reunion:</b>	<b>\$2K, \$3K, \$5K, Other: \$ _____</b>
<b>Trip Cancellation:</b>	<b>Trip Cost Per Individual</b>
<b>Dental – Sudden Onset of Pain:</b>	<b>\$100, \$150, Other: \$ _____</b>
<b>Unusual/Hazardous Exposures:</b>	<b>No _____ Yes _____</b> <b>e.g. Hang Gliding, Mountain Climbing, etc.</b> <b>Describe: _____</b> <b>_____</b>
<b>Sports Coverage:</b>	<b>No _____ Yes _____</b> <b>e.g. Snow Skiing, Soccer, Basketball, etc.</b> <b>Describe: _____</b> <b>_____</b>
<b>Home Country:</b>	<b>Yes _____ No _____</b>
<b>Pre-X:</b>	<b>3 Mos., 6 Mos., 1yr., 2yrs., 3yrs. Other: _____</b>
<b>Unexpected Recurrence of Pre-X</b>	<b>Yes _____ No _____</b>
<b>24 Hour Assistance Services:</b>	<b>Yes _____ No _____</b>
<b>Miscellaneous:</b>	
<b>Rates:</b>	<b>Daily, Weekly, Yearly</b>

<b>Prior Carrier:</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Earned Premium:</b>				
<b>Incurred Claims:</b>				
<b>Completed Loss Ratio:</b>				

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

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