

REQUEST FOR QUOTE

THIS IS NOT AN APPLICATION FOR COVERAGE

The information gathered on this form will assist GBA in providing you with the best possible quote on the coverage you require. All information submitted to GBA is strictly confidential and will only be used to generate a quote for your specific purposes. All fields marked with * must be completed in order to properly assess your request.



*** These boxes must be filled out to complete the quotation.**

* Full name of contact

* Email address

* Phone Fax

* Name of company

Street address

City State/Province

Country Postal/Zip Code

* Description of company activities

Employees' usual daily activities:

* Date coverage to become effective:

* Are employees insured under a government sponsored health program? YES NO

If YES, please indicate the country:

* Number of employees to be covered

Insurance required: please check off the benefits required:

√ **TYPE OF COVERAGE**

Health/Medical

Dental

Emergency Medical Evacuation

Political Evacuation

Insurance required: please check off the benefits required:

✓ TYPE OF COVERAGE	AMOUNT REQUIRED
Life (enter amount and currency)	
Spousal Life (enter amount and currency)	
Accidental Death & Dismemberment (enter amount and currency)	
Dependent Life (enter amount and currency)	
Temporary/Short Term Disability (weekly benefit maximum)	
Long Term Disability (monthly benefit maximum)	
Permanent Total Disability	
Business Travel (enter total number of employees and total travel days)	
Kidnap & Ransom (please contact our office directly for information)	

* Please indicate the desired currency of coverage

Canadian

US

Consultant/Broker Information

Name of Producer (Include Company Name)

Address, Phone, Email,

Location of Purchasing Entity (Head Office or Subsidiary):

Where is the Producer Licensed?

All quotes are subject to change depending on factors such as the applicability of any medical surcharges, the change in security status of a country to which people are traveling, length of time between quote and actual application for insurance and final members to be insured.

Last Name	First Name	Gender	DOB mm/dd/yy	Occupation	Annual Salary	Currency	Home Country/ Declared Citizenship	Host Country	Marital Status	Dependent info		DOB mm/dd/yy	Gender	Relationship to employee
										Last Name	First Name			