

Group Quote Request Form

Standardized formatting:

Phone number = XXX-XXX-XXXX

Name: First Mi Last

Agent Name: _____

Agent Phone Number: _____

Agent Email: _____

POC Name: _____

POC Phone number: _____

POC Email: _____

Company Address: _____

Current Insurance Carrier: _____

Renewal Date: _____

Number of Employees: _____

Number of Enrolled Employees: _____

Check Boxes - Please select all products/lines the client is interested in:

Complete Benefits Package

If you would like Individual Products, Check the Boxes Accordingly:

Health D/V Accident Hospital Indemnity

GAP coverage Critical Illness Cancer STD LTD

Life HSA 401K Monthly Tax Savings ERC

Once the Group Quote Request form is completely filled out, please email it to groupquotes@breezefmo.com

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Notes/Additional Information: