

Submitting a Request for Proposal

Information needed to in order to provide a proposal for stop loss coverage:

1. Employer Data

- a. Name of Employer and all subsidiaries
- b. Type of industry - for Standard Industrial Classification (SIC) purposes
- c. Current census (EE ID, age or DOB, gender, active/retired/COBRA, type of coverage, single or dependent coverage)—Microsoft Excel format preferred.
- d. Location of the employer and subsidiaries (city, state, ZIP and number of employees at each location for multi-location employers)

2. Employer Coverage History (past three plan years if available)

- a. Current insurance carrier or HMO
- b. Schedule of benefits Managed Care Network (PPO) – if multiple networks, indicate by location
- c. Rate history – current and renewal (fully insured and self funded)
- d. Paid claims and enrollment - 24 to 36 months of experience (monthly paid claims and enrollment)
- e. Large claims information - claims that have exceeded, or are expected, to exceed 50% of the proposed specific deductible

3. Requested Coverage

- a. Contract type (12/12, 15/12, incurred, etc.)
- b. Specific deductibles
- c. Aggregate margin
- d. Complete plan of benefits
- e. Managed Care Network (PPO)
- f. Proposed effective date
- g. Commission level
- h. Date quote due back to you

All quote requests should be sent electronically to ESL@summit-re.com. The ESL mailbox is checked multiple times per day; alternately, sending quote requests directly to the underwriter's or Regional Vice President's email address can negatively impact turnaround time if they are unavailable. If information must be faxed, please send to 260-469-3014, attention ESL Department.