

Agent information	
Agent Name	
Agent Phone Number	
Agent E-mail	
Client information	
Client's Name	
Client's Address	
Client's City	
Client's State	
Client's Zip Code	
Effective Date	
Type of business	
SIC	
# of Full Time Employees	
ATNE	
# of Locations	
What is the client's budget?	
Plan Design	
Have they had insurance previously?	
Type?	
with who?	
Have they ever worked with a Broker?	
Are they currently working with a Broker? Who?	
Do they currently have insurance? (Then see below) (Y/N)	

IF YES	
Why are they looking for coverage?	
Current Carrier	
HSA (Y/N)	
HRA (Y/N)	
Number of plans offered	
Current rates and renewal rate	
Copays	
ООР	
Deductible	
Community or age banded premiums?	
% paid by Employee and % paid by Employer	
# of Employees enrolled	
	IF NO
Why are they looking into health insurance now for their group?	
Preferred Copays	
Preferred OOP	
Preferred Deductible	
Preferred Copays	
Have they considered a budget for monthly premiums?	
Do they offer life and/or disability?	
Would they like quotes ?	
Would they like to present voluntary	
employee paid dental, vision, or other	
to offset out of pocket costs? (Y/N - Which?)	
Preferred Carriers to quote	
Carriers to avoid	
Notes:	
Notes:	