Prospect Information Sheet
Use BLACK ink and please print.

The Business Store of Insurance &
Financial Services – 916-459-1151
Fax: 916-749-3939

Date quote sent: _____
Due back by: _____

Case Mgr: _____
TBS Mgr: _____

For Office Use Only	
Agent Name:	
Agent #	
Agent Phone	
Agent e-mail	
A B C D	1 2 3 4 5 6 7 8 9 10

Appointment Date | Time | Contact | Title

Company Name | Decision Maker | Title

Address

Street | City | Zip | Cross St.

Phone: | Fax: | E-Mail/Web Site:

Industry Type/ SIC? | # of Employees | Total # On Med. Plan | # On Dental Plan | Currently have Section 125? Yes / No (circle one) | If yes, how long?

Other Locations? | Foreign Languages? | List language(s) here | "S" or "C" Corp? | Fiscal / Calendar Year (circle one) If fiscal, provide date

LIFE

Name | DOB / / | Non Smoker Yes | Face Amount $ | Total Premium $

Premium Amount $ | Carrier | Cash Value

Premium Amount | Carrier | Cash Value

Other Name Information | Cash Value

Current Premium $ | A, SA, OT, M | Rollover $_____ | Non Rollover $_____

Notes:

Annuity

Amount $ | Surrender Period 1, 5, 7, 10, 12, 15 | Carrier | Product Type | Surrender Value $

Other:

Quote : Amount | Rollover Y / N | Qualified Y / N | Non Qualified Y / N

Carrier | Qualified Y / N | Non Qualified Y / N

Notes: | Qualified Y / N | Non Qualified Y / N

Securities | Mutual Funds / VUL / V Annuity | Type | Aggressive | Moderate | Conservative

Amount $

Wirehouse / Vendor | Quote $

Notes:

Group Medical | Group Dental | Group Vision | Group Life | W /C | Liability

Individual Life | Buy/Sell Smoker? / Non Smoker? | Key Man | Deferred Comp

401K? SEP IRA? 403? | Administrator | Plan Assets | Admin. Cost

Notes:

Agent to Include ☑	☐ Current Month's Billing Statement for each provider	☐ Current Census – including Age, Gender, EE Home Zip Code and Any Health Problems	☐ Plan Documents

Next Appointment | Date: Day Date Time: | Who will attend?

Please Prepare Quote: (Circle Each that Apply)	Medical	☺ Dental w and w/o ortho?	Vision	401K	Group	S/LTD	W/C	Voluntary Benefits? Care Entree Pre-Paid Legal
	A - BC – BS – CC - HN – K LG – PAC - PC	A – BC – CC - FRTS – DD – GRD - MET – PC - PRM	SUPR – VSP	FRTS - GRD MM - PA	FRTS – GW – GRD - PHX - STD			

A:Aetna - BC: Blue Cross – BS: Blue Shield – CC:Calif. Choice - HN: Healthnet K:Kaiser – LG: Lifeguard – PAC: Pac Advantage - PC: Pacific Care

A:Aetna – BC: Blue Cross – CC: Calif. Choice DD: Delta Dental - FRTS: Fortis – GRD: Guardian – MET: Met Life - PRM: Premier

SUPR: Superior VSP: Vision Svc. Plan

FRTS: Fortis – GW: Great West - GRD: Guardian - MM: Mass Mutual – PA: Pan American - PHX: Phoenix - STD: Standard

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Group Health
Include Billing Statement # 1

Name of Provider	# on plan	Plan Type	Rate Emp. Only	Rate Emp + Sp.	Rate Emp + Child	Rate Emp + Family	Total Premium
			$	$	$	$	$

Age Band? (Yes/No) | Or, composite (Average Age) Rates? | How long on this plan?

Renewal Date: | Any Cancer, Heart Attack, Stroke or Diabetes? | % of Premium Paid by Employer | % Employee | % Dependent

Any problems?

Group Health
Include Billing Statement # 2

Name of Provider	# on plan	Plan Type	How Long on Plan?	Total Premium
				$

Dental
Include Billing Statement

Name of Provider	# on plan	Plan Type	How Long on Plan?	Total Premium
				$

Renewal Date: | 100 / 80 / 50 | Currently w/Ortho Yes / No | 1,000 / 1,500 / 2,000 Max (circle one) | PPO Yes /No | DHMO Yes / No | INDIVIDUAL

Vision
Include Billing Statement

Name of Provider	# on plan	Plan Type	12/12/12 12/24/24 24/24/24 (Circle One)	Amt. Of Deductible	Rate	Total Premium
				$	$	$

Group Life | LTD | W /C | Liability

Individual Life | Buy/Sell Smoker? / Non Smoker? | Key Man | Deferred Comp

401K? SEP IRA? 403? | Administrator | Plan Assets | Admin. Cost

Payroll: | Monthly | Annual | Current Vendor: | Are you happy with who you have?

Notes:

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A:Aetna – BC: Blue Cross – BS: Blue Shield – CC: CaliforniaChoice - HN: Healthnet – KP:Kaiser – UN:UnitedHealthcare – WHA - PC: PacifiCare

A:Aetna – BC: Blue Cross – CC: Calif. Choice DD: Delta Dental – Ass: Assurant – GRD: Guardian – MET: Met Life - PRM: Premier

SUPR: Superior VSP: Vision Svc. Plan

FRTS: Fortis – GW: Great West - GRD: Guardian - MM: Mass Mutual – PA: Pan American - PHX: Phoenix - STD: Standard