

Proposal Request

We can manage the entire quoting process for you. It's easy to get started.

www.dickerson-group.com



DICKERSON
INSURANCE SERVICES
AN ALERA GROUP COMPANY
License #OM29112

For more Information N. CA call:
(800) 361-7342
For more Information S. CA call:
(800) 457-6116

1 BROKER

Name: _____
Agency: _____
Address: _____
City: _____
State: _____ ZIP Code: _____
License #: _____ Covered CA Certified: ☐ Y ☐ N

Phone: _____ Fax: _____
Email: _____
Insurance Lines: _____
Dickerson Exec: _____

2 GROUP

Company/Group Name: _____
Address: _____
City: _____
State: _____ ZIP Code: _____
Coverage Outside CA?: _____ Virgin Group? ☐ Y ☐ N
SIC: _____ or Nature of Business: _____

Renewal Date: _____ Effective Date: _____
Current Medical Carrier: _____
Current Premium: \$ _____
Current Dental Carrier: _____
Current Dental Premium: \$ _____
Life Amount: \$ _____

3 COVERAGE

☐ Medical: ☐ HMO ☐ PPO ☐ EPO
☐ Dental ☐
☐ Vision
☐ Life

Employer Contribution: EE _____ % DEP _____ %

☐ STD ☐ Payroll
☐ LTD ☐ Electronic Enrollment
☐ ACC ☐ ERISA
☐ AD&D ☐ HSA
☐ CI ☐ HRA
☐ Chiro ☐ Self-Funded
☐ Acupuncture ☐ GAP
☐ Hospitalization ☐ MEC/MVP
☐ Workers' Comp

4 SPECIAL INSTRUCTIONS

☐ Mail ☐ Email ☐ Fax ☐ Pick-up

5 SUBMIT COMPLETED FORM & CENSUS

Via email: quotes@dickerson-group.com
dickerson-group.com

Via fax Southern CA: (323) 805-2905
Via fax Northern CA: (888) 360-7342

GROUP CENSUS 1-39

Account Executive: _____

Broker: _____

Company/Group Name: _____

Email: _____

Required Medical Status Code (choose 1)			Dental Status Code (choose 1)	Vision Status Code (choose 1)
for Employees (EE)		for Dependents		
EE=Employee Only ES=Employee/Spouse	EF=Employee/Family EC=Employee/1 Child, EMC=Employee/Children	SP=Spouse, DP=Dependent	EE, ES, EF EC, EMC	EE, ES, EF EC, EMC

***only when quoting LTD, STD and higher amount of Life

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