



Tell us about the Employer Group

* Company Name:
* Company Address:
* Offices in Other States?
* Please List States:
* Company SIC Code:
* Eligible Employees:
* Employees on Plan:

Tell us about the Current Plan

* Does the Company have an existing dental plan?
* Renewal/Effective Date:
Current Dental Carrier:
Dual Option Plan?

Existing Plan Design:

Preventive: %
Diagnostic: %
Basic: %
Major: %
Plan Type:
Annual Maximum: \$
Deductible Information: \$
Orthodontics:

Current Monthly Rates:

Table with 2 columns: Plan 1, Plan 2. Rows: Employee Only, Employee + Spouse, Employee + Children, Family.

Tell us about the Ideal Dental Plan

First Priority for Employer:
Would employer consider contributing to the plan if it would lower rates?
Can Solera provide a quote for:

How to Submit Quote Request:

Agent.Services@SoleraInsurance.com
Fax: 1-866-914-5429
* Be sure to include your contact information

We are here to answer your questions:

Website: www.SoleraInsurance.com
Email: Agent.Services@SoleraInsurance.com
Phone: 720-279-7400

Selling Broker Name:
Email:

Solera Broker ID:
Phones:

* Required Items in red text (more information provides more competitive quotes)