



Quote Request Form

1. Which product or products would you like us to quote?

- Triple Choice/Dual Option Insurance Plan
 - \$1,000 Max
 - \$1,500 Max
 - Orthodontia

- HealthStar Benefit Plans
- CarePOS for Groups
- Financial Protection Plus Plan

2. The name and address of the company.

Total number of employees: _____

Notes: _____

3. Current plan details

	<u>Number of Employees</u>	
	Plan 1	Plan 2
EE	_____	_____
ES	_____	_____
EC	_____	_____
FAM	_____	_____

	<u>Current Plan Rates</u>	
EE	_____	_____
ES	_____	_____
EC	_____	_____
FAM	_____	_____

4. Agent Information:

Name: _____ SOL ID: _____

Phone: _____

Email: _____

6. There are two ways in which to receive this quote.

Have a the file sent to you via email. Email: _____

Pick up the prepared quote from the Solera office.

When do you need this quote:

Date: _____

Time: _____

Solera Insurance & Financial Services

Phone: 720-279-7400

Fax: 866-914-5429

Website: www.SoleraInsurance.com

P.O. Box 632190 Littleton, CO 80163

Email: Agent.Services@SoleraInsurance.com

