



## Insurance Quote Information

Please print this page, fill it out, gather the supporting documentation listed below and fax 508-875-6405 or email it to [Dan@schiazza.net](mailto:Dan@schiazza.net):

1. Check Applicable Coverage:    Individual Coverage    Group Coverage
2. Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If applicable, not applicable on new coverage.)
3. Broker Involved:    Yes    No
4. Current Monthly Insurance Invoice: Current rates & exact current plan configuration. This provides us with the most accurate up to date information so that there is no confusion on the coverage that is being quoted.
5. Census information: This will also allow this firm to go to market with all the necessary information that the Licensed Insurance carriers in the state require to quote products/rates. Electronic format is preferred.
6. Contact Information:  
Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Nature of the Business: \_\_\_\_\_
8. SIC Code: \_\_\_\_\_

We look forward to assisting you with your insurance needs! Please contact Dan Schiazza if you need immediate assistance [Dan@schiazza.net](mailto:Dan@schiazza.net)

The appropriate authorization form to quote this piece of business will be forwarded to you. A Broker/Authorization form will be sent. This form allows our firm to market your benefits at the best insurance carriers in the state. A current sample of Insurance Carriers represented: (not limited to) Blue Cross Blue Shield, Harvard Pilgrim Health Care, Tufts Health Plans, Metlife, Guardian, Delta Dental, Etc.

Registered Health, Life & AD&D Insurance Business

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