



GROUP TERM LIFE INSURANCE REQUEST FOR PROPOSAL

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Cortland, NY 13045
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PROPOSALS ARE VALID FOR 60 DAYS

GENERAL INFORMATION

Date of survey: Renewal Date: Date proposal needed:

Legal Name of Organization: (Include all organizations that are to be included as insureds including Fire Districts, Fire Companies, Rescue Squads and Auxiliaries)

FEIN:

Mailing Address:

County:

Website Address: Phone #:

INSURANCE AGENT INFORMATION

Producer: CSR or Other Contact

Name of Agency:

Address:

Telephone: Fax: E-mail address:

Do you currently write this account? Yes No

If yes, for how long? Carrier Name?

Is the account Sub-Brokered? Yes No

If yes, please indicate Agency Name and Address:

MEMBER CLASSIFICATION AND BENEFIT

You can customize the benefit structure of your program by offering different benefit levels to different members of your organization.

Example, Class I – Commissioners/ Chief; Class II – Officers; Class III – All other members.

Table with 3 columns: CLASS, # OF MEMBERS, BENEFIT (max of \$50,000 in NY State). Includes rows for Class I, II, III and a checkbox for AD&D.

*PLEASE INCLUDE A CURRENT CENSUS OF ALL ELIGIBLE MEMBERS AND A DECLARATIONS PAGE OF CURRENT POLICY

Is there currently a Group Term Life Insurance Plan in force? Yes No

Current Insurer:

Current Benefit Structure (including age reductions):

Annual Premium: Life Volume: Rate per \$1,000:

PARTICIPATING ORGANIZATION SIGNATURE

Applicant's Signature: Date:

Name and title (please print):

Insurance Broker's Signature: Date: