



**GROUP TERM LIFE INSURANCE
REQUEST FOR PROPOSAL**

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: applications@mcneilandcompany.com

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

Plan/Limits desired:

- \$10,000
- \$20,000
- \$30,000
- \$50,000
- \$100,000

Age Reduction Schedule:

- No Age Reductions
- Standard Age Reduction – 50% at age 75
- Custom Age Reductions – Please specify: _____

Do you wish to include AD&D? Yes No

***PLEASE INCLUDE A CENSUS OF ALL ELIGIBLE MEMBERS IN EXCEL FORMAT. FULL NAME, DATE OF BIRTH AND GENDER ARE REQUIRED FOR QUOTATION.**

PDF CENSUS IS NOT ACCEPTED FOR QUOTING

Current Insurer: _____

Current Benefit Structure (including age reductions): _____

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

PARTICIPATING ORGANIZATION SIGNATURE

Insurance Broker's Signature _____ Date: _____