



**PREFERRED RISK
ADMINISTRATORS**
YOUR COMPANY - AMPLIFIED

PREFERRED RISK ADMINISTRATORS REQUEST FOR PROPOSAL

1. Full legal name of Plan Sponsor (Employer): _____

Principal Address: _____
(Street # and name) (City) (State) (Zip)

Business SIC: _____ Subsidiaries/Affiliated Companies covered under Plan:

In order to obtain the most competitive quote possible, we need copies of the following:

- A clean/accurate census to include single/family (Spouse + number of dependents), sex, age, etc., indication of full-time or part-time & latest payroll record
- Copy of current Plan Document or policy (if currently fully insured)
- Current Loss Runs (incumbent TPA/Carrier) – current year plus three prior years, identifying carrier (by year)
- 50% of the specific deductible notices for Current Year potential claimants
- Case Management notes for Current Year claimants
- Current Premium Statement plus 3 years prior year statements
- Ancillary Benefit Plans requested
- Current renewal rates and any competitive quotes available

Current PPO Network: _____

Specific Deductible Requested: _____

Aggregate % Requested: _____

Run-In period requested: _____ Run-Out period requested: _____

Will Plan Sponsor consider lasers on high risk claimants? _____

Commission Basis requested: PEPM _____ PMPM _____ % of Excess Loss Premium _____

% of equivalent premium _____ Broker Fee _____ Net of Commission _____