

Submitting a Request for Proposal

Information needed to in order to provide a proposal for stop loss coverage:

1. Employer Data

- a. Name of Employer and all subsidiaries
- b. Type of industry - for Standard Industrial Classification (SIC) purposes
- c. Current census (EE ID, age or DOB, gender, active/retired/COBRA, type of coverage, single or dependent coverage)—Microsoft Excel format preferred.
- d. Location of the employer and subsidiaries (city, state, ZIP and number of employees at each location for multi-location employers)

2. Employer Coverage History (past three plan years if available)

- a. Current insurance carrier or HMO
- b. Schedule of benefits Managed Care Network (PPO) – if multiple networks, indicate by location
- c. Rate history – current and renewal (fully insured and self funded)
- d. Paid claims and enrollment - 24 to 36 months of experience (monthly paid claims and enrollment)
- e. Large claims information - claims that have exceeded, or are expected, to exceed 50% of the proposed specific deductible

3. Requested Coverage

- a. Contract type (12/12, 15/12, incurred, etc.)
- b. Specific deductibles
- c. Aggregate margin
- d. Complete plan of benefits
- e. Managed Care Network (PPO)
- f. Proposed effective date
- g. Commission level
- h. Date quote due back to you

All quote requests should be sent electronically to ESL@summit-re.com. The ESL mailbox is checked multiple times per day; alternately, sending quote requests directly to the underwriter's or Regional Vice President's email address can negatively impact turnaround time if they are unavailable.