COASTAL

(800) 564-7475
info@coastalmgmt.com
www.coastalmgmt.com

REQUEST FOR PROPOSAL

Email requests to: proposal@coastalmgmt.com
Fax requests to: (831) 754-3830 **Mail requests to:** 928 E. Blanco Road, Suite 235, Salinas, CA 93901
Call toll free: 1-800-564-7475

Submitting Broker Name: _____

Submitting Broker Phone: _____ Fax: _____

Submitting Broker Email: _____

Business Name: _____

Nature of Business/SIC Code: _____ No. EE's: _____

Mailing Address: _____

City: _____ County: _____ State: ____ Zip: _____

Telephone: _____ Telefax: _____

Email Address: _____

Request Proposal for: ☐ Self Funded with Excess Loss ☐ Preferred Provider Organization (PPO)
☐ High Deductible / HRA Plan

If TPA, please also review the Group Risk Assessment checklist.

EMPLOYEE / DEPENDENT CENSUS

Employee Name	Class	Employee Age/DOB	Sex	Coverage Type*	No. of Children	Spouse's Age/DOB	Owner, Officer or Partner	Residence Zip code	Monthly Earnings for Disability Insurance Coverage

*Coverage Type: EE = Employee Only ES = Employee & Spouse EC = Employee & Child(ren) EF = Employee & Family