

# Company Information

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: | | | |
| Nature of Business: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Contact Name: | | E-Mail: | |
| Phone number: | | Fax number: | |

**Broker Information**

(If Applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Broker Name: | | E-Mail: | |
| Phone number: | | Fax number: | |

**Domestic Coverage**

(If Applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier: | | | |
| Address: | | | |
| City: | State: | | Zip: |
| Contact Name: | | E-Mail: | |
| Phone number: | | Fax number: | |

**Quote Request**

|  |  |  |
| --- | --- | --- |
| Date quote submitted: | Date quote needed: | Effective date requested: |

**Additional Riders**

|  |
| --- |
| Accidental Death Dismemberment:  $100,000  $50,000  Spouse and Dependent Coverage  Business Sojourns  Leisure Coverage |

**Please fax or e-mail completed Request for Proposal, Including Travel Data Request to**

[**corporatesales@geo-blue.com**](mailto:corporatesales@geo-blue.com)

**Travel Data Request**

**Company Demographic Information**

|  |  |  |
| --- | --- | --- |
| Total Number of Employees: | Total Number of Traveling Employees: | |
| Number of U.S. Based Employees Traveling Abroad: | Number of Non-U.S. Based Employees Traveling Internationally: | |
| Does the Company have locations outside of the United States?  Yes  No | | |
| If “Yes” please list the City(ies)/Country(ies) where their office(s) are located: | | |
| 1. | | 4. |
| 2. | | 5. |
| 3. | | 6. |

**Destination Information**

|  |  |
| --- | --- |
| Please list top destinations for travel outside the United States: | |
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | U.S. Employees traveling to non-U.S. Destinations | Non-U.S. Employees traveling to non-U.S. Destinations  (outside their home country) | Non-U.S. Employees traveling to U.S. Destinations |
| Number of Travelers: (A) |  |  |  |
| Estimated Number of Trips per Traveler: (B) |  |  |  |
| Average Duration of Each Trip: (C) |  |  |  |
| Estimated Total Travel Days: (AxBxC) |  |  |  |

**In order to provide the most comprehensive quote, please complete this additional information.**

|  |  |
| --- | --- |
| Do you currently offer coverage to your international travelers? | If yes, with whom? |
| Please provide a description of the current plan design or a copy of the certificate. | |
|  | |
| Please provide past claims experience. | |
|  | |
| If the AD&D rider is included in the quote; Does the company have/use a private, corporate, or leased aircraft? | |
|  | |
| Does the company have any planned concentrations or meetings using same conveyance? If yes, please provide details. | |
|  | |

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