

# Company Information

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

**Broker Information**

(If Applicable)

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

**Domestic Coverage**

(If Applicable)

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| 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**

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| 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**

**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**

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| 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.**

|  |  |
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| 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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