Swiss Re
Corporate Solutions

REQUEST FOR EMPLOYER STOP LOSS QUOTATION

Send Quote Submissions to: ESL_Underwriting@swissre.com

Date Quotation Needed: _____	Proposed Effective Date: _____

EMPLOYER INFORMATION

Name of Prospect: _____	Industry(s): _____
Complete Address: _____	
List all locations and number of employees covered at each location: _____ _____ _____	

CURRENT COVERAGE

Current Coverage	Current Carrier: _____ ☐ Fully Insured ☐ Self-Insured Current Agent/TPA: _____	
	If Self Insured, indicate current retention level, funding and monthly rates, and contract terms: lbjbjb _____ _____	
	Are Retirees covered? ☐ Yes ☐ No	Union ees covered? ☐ Yes ☐ No
	Current PPO Network: _____	Proposed Network: _____

REQUESTED COVERAGE

Specific Coverage	Retention(s) to quote (minimum of $25,000):
	Annual Plan Maximum: ☐$2,000,000 ☐$5,000,000 ☐Other ☐Unlimited
	Benefits Covered: ☐ Medical ☐ Rx Card ☐ Prescriptions SAAO
	Liability Basis ☐ (15/12) Incurred 3 months prior and paid in policy period ☐ (12/12) Incurred and paid in policy period ☐ (12/15) Incurred in policy period and pd within 3 months after the policy period ☐ Other _____

Submit

Westport Insurance Corporation - A Swiss Re Company

5200 Metcalf • P.O. Box 2991 • Overland Park, KS 66201-1391 • (913) 676-5200 • Facsimile (913) 676-5658

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Aggregate Coverage	Attachment Point - % of Loss Fund: ☐ 120% ☐ 125%
	Benefits Covered: ☐ Medical ☐ Rx Card ☐ Prescriptions SAAO ☐ Dental ☐ Other
	Liability Basis: ☐ (15/12) Incurred 3 months prior and paid in policy period ☐ (12/12) Incurred and paid in policy period ☐ (12/15) Incurred in policy period and pd within 3 months after the policy period ☐ Other _____

Check List	Have you attached: ☐ Current plan of benefits and proposed changes ☐ Complete large claims experience to include first dollar claims at 50% or above of the lowest requested retention for last 3 yrs (minimum of 18 months) ☐ Complete paid claims experience for last 3 yrs (minimum of 18 months) ☐ Current census including date of birth, gender and coverage election (active employee, retiree, COBRA, etc.), Zip Code, and plan indicator (if multiple plans)

Producer Contact Information	Firm: _____ Phone: _____ Address: _____ Email: _____ Contact Person: _____

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