

Individual Insurance Quote Request Form

Colorado Individual Quote Team

(800) 801-2300

Email to individual@warnerpacific.com or fax to (888) 215-8525

Please complete the information below:

Broker/Agent Name:	Phone Number:
Email Address:	Fax Number:
Date Quote Requested:	Effective Date:

Name of Client	DOB	M/F	Smoking (Y/N)	Zip Code
Primary Applicant:				
Spouse:				
Child:				
Child:				
Child:				
Child:				

Please check which carriers/plans you would like quoted, otherwise all will be quoted:

Anthem Assurant HumanaOne Kaiser Cigna American General Accident Expense Plus

Plan Type:

HMO PPO HSA STM

Child Only Rate Sheets (0-19)*

Optional Riders:

Dental

Please choose what type of quote you would like:

Link PDF

Deductible:

Minimum: \$0 \$500 \$1,000 \$1,500 \$2,000 \$2,500
 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000

Maximum: \$500 \$1,000 \$1,500 \$2,000 \$2,500
 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 Unlimited

Co-pay:

Minimum: \$0 \$10 \$20 \$30 \$40 \$50

Maximum: \$10 \$20 \$30 \$40 \$50 Unlimited

Out-of-Pocket:

Minimum: \$0 \$1,000 \$2,000 \$3,000 \$4,000
 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000

Maximum: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000
 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000 Unlimited

Coinsurance:

Minimum: 0% 10% 20% 30% 40% 50%

Maximum: 10% 20% 30% 40% 50% Unlimited

Please check the appropriate box(es) below:

- I am appointed with the all carriers I am requesting.
- I am not appointed with the following carriers and need the appointment paperwork:
 Anthem Assurant HumanaOne Kaiser Cigna
- Please contact me. I need online enrollment links set up for the following carriers:
 Anthem Assurant HumanaOne Kaiser Cigna

Comments:

Standard Risk Rates Apply except for HumanaOne (Preferred rates 10% difference)
Final rates and eligibility will be determined by the carrier upon receipt of an application
*RATE SHEETS ONLY