

THE NEXT GENERATION

Policy Design Supplement Quote Page

Client Name: _____ No. of EEs: _____

Combined Single Limit: 1 Mil 1.25 Mil 2 Mil 5 Mil

OR

Split Limits ERISA Benefit _____ / EL Benefit _____

Benefit Period: 110 wks 160 wks 210 wks

Deductibles: \$2,500 to \$500,000: _____

Vanishing Deductible (Maximum deductible - \$10,000): Yes No

* Alternative Dispute Resolution Program: Yes No

* Retrospective Rating: Included in concept

* Contingent Comp Rider: How many EEs travel out of state? _____

Class codes w/No. of employees in each: _____

* Annual Deductible Stop Loss Amount: \$ _____

* SAFETY PAYS Implementation: Yes No

* WORKSTEPS Implementation: Yes No

* Client wants to use own attorney. \$50,000 ded up Yes No

**DON'T FORGET TO INCLUDE COPY OF CLIENT'S SAFETY PLAN
TABLE OF CONTENTS. No quote without**

Attach to your Quote Request Form and forward to SIS

GA Name: _____