

# Special Group Travel Request for Proposal



Part 1 to be completed by organization for gninsurance

DEMOGRAPHIC INFORMATION - Part 1 (please complete)	
Sponsoring Organization:	
Describe Organization:	
Number of Proposed Insureds:	Average Age of Proposed Insureds:
Citizenship (Percent or Number): U.S.:	Non-U.S.:
Requested Effective Date (MM,DD,YY):	Length of Coverage:
Destination(s):	
How Long Has Coverage Been in Force (if applicable):	Reason for Change in Carrier (if applicable):
Competitors Quoting (if known):	

COVERAGE INFORMATION - Part 2 (to be completed by gninsurance) - Please attach information if available	
Current Coverage: <input type="checkbox"/> Yes (Carrier Name): <input type="checkbox"/> No	Copy of Current Plan Design: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rate History with Enrollment Numbers: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Preferably last three years)</i>	Loss Ratio/Claims Information: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Preferably last three years)</i>
Proposed Group Plan: <input type="checkbox"/> Sky Rescue	
Maximum Benefit Amount(s): \$100,000 \$ \$	Type: <input type="checkbox"/> Lifetime <input type="checkbox"/> Per Illness/Injury
Deductible(s) Amount: \$ \$ \$	Type: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Per Illness/Injury <input type="checkbox"/> Per Period
Coinsurance Amount(s): <input type="checkbox"/> 80/20 <input type="checkbox"/> 90/10 <input type="checkbox"/> 100/0 <input type="checkbox"/> Other	Maximum out-of-pocket:
Rate Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	Type: <input type="checkbox"/> Composite <input type="checkbox"/> Age-banded
Payment Method: <input type="checkbox"/> Event <input type="checkbox"/> Monthly	Optional Riders/Coverage(s):

PRODUCER INFORMATION		
Producer Name: Good Neighbor Insurance	Producer Number: 525090	Parent Number (if applicable):
Are You the Current Agent of Record: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Relationship to group):</i>	Current Commission: %	Date of Request (MM, DD, YY):
Notes:		

HOME OFFICE USE ONLY	
Date RFP was Received (MM, DD, YY):	Account Executive:
Date Sent to Underwriting (MM, DD, YY):	Manager Approval:

Please send information to:  
**Good Neighbor Insurance**  
 690 E. Warner Road, Suite 117  
 Gilbert, AZ 85296 USA  
 Tele: 1.866.636.9100 or 1.480.813.9100  
 Fax: 480.813.9930  
 Email: group@gninsurance.com  
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