



Multi-Life LTCi Request for Quote (Group)

AGENT NAME _____ TELEPHONE NUMBER _____

CELL NUMBER _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF AFFILIATED BROKERAGE _____

1. Name of Business & Website	2. Type of Business
3. City & State of Home Office	4. Number of full-time employees
5. Does the business operate in multiple cities/states?	6. If yes, please list them followed by # of employees at each site.
7. What other types of insurance do you offer to this business?	8. Are there any health conditions you are concerned about? Please list.
9. Are you competing against another agent?	10. Does this business already have a multi-life LTCi plan in place?
11. Does the business offer an employer sponsored retirement plan?	12. If yes, does the employer contribute? If yes, how much?

Fax or e-mail this page upon full completion to 703-691-1244 or Marty@LTCi-info.com

Also e-mail an Excel Census with a minimum of date of birth and salary.