



**PREFERRED RISK  
ADMINISTRATORS**  
YOUR COMPANY - AMPLIFIED

**PREFERRED RISK ADMINISTRATORS REQUEST FOR PROPOSAL**

1. Full legal name of Plan Sponsor (Employer): \_\_\_\_\_

Principal Address: \_\_\_\_\_  
(Street # and name) (City) (State) (Zip)

Business SIC: \_\_\_\_\_ Subsidiaries/Affiliated Companies covered under Plan:

\_\_\_\_\_  
\_\_\_\_\_

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***In order to obtain the most competitive quote possible, we need copies of the following:***

- A clean/accurate census to include single/family (Spouse + number of dependents), sex, age, etc., indication of full-time or part-time & latest payroll record
- Copy of current Plan Document or policy (if currently fully insured)
- Current Loss Runs (incumbent TPA/Carrier) – current year plus three prior years, identifying carrier (by year)
- 50% of the specific deductible notices for Current Year potential claimants
- Case Management notes for Current Year claimants
- Current Premium Statement plus 3 years prior year statements
- Ancillary Benefit Plans requested
- Current renewal rates and any competitive quotes available

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Current PPO Network: \_\_\_\_\_

Specific Deductible Requested: \_\_\_\_\_

Aggregate % Requested: \_\_\_\_\_

Run-In period requested: \_\_\_\_\_ Run-Out period requested: \_\_\_\_\_

Will Plan Sponsor consider lasers on high risk claimants? \_\_\_\_\_

Commission Basis requested: PEPM \_\_\_\_\_ PMPM \_\_\_\_\_ % of Excess Loss Premium \_\_\_\_\_

% of equivalent premium \_\_\_\_\_ Broker Fee \_\_\_\_\_ Net of Commission \_\_\_\_\_