

Group Request for Proposal

Small Group (2-50)

Please provide the following information to us:

Contact Information:

Group Name
Address (if applicable, other location addresses)
Contact Name and Phone Number
Type of Business

Employee Census:

DOB/Age
Gender
Type of Coverage (Ee, Es, Ec, Fam)
Spouse Age and # of Dependents

Current Carrier Information:

Current Company Name
Current Premiums
Renewal Premiums
Effective Date
Outline of Benefits
PPO or HMO
Most Recent Bill

Claims Experience:

Any Current Health Conditions

Information may be:

Faxed to (314)-849-9292

Mailed to – Arch Brokerage, Inc.
8084 Watson Road
Suite 100
Saint Louis, MO 63119

