

Phone: 800.696.4543

www.claremontcompanies.com

Fax: 924.588.2425

Claremont Sales Representative:

Broker/Agency Information

Broker Name: _____ Agency: _____

Address: _____

City/State/Zip: _____ Phone: _____

Broker License: _____ Fax: _____

Email: _____

Group Information

Group Name: _____

Requested Effective Date: _____ Nature of Business: _____

Employer Zip: _____ Carrier: _____

Carve-out: _____ Requested RAF: _____

Employer contribution for employee and dependents: EE: _____ Dep: _____

Quote Specifications

Send Via: Email Overnight Mail Fax Pick-up

From the list below, please check all products to be included in your quote (include AD&D, LTD, and STD):

Carrier	Medical	Dental	Ancillary
Blue Shield of California			
California <i>CHOICE</i>			
Kaiser Permanente Choice Solution			
Aetna			
Anthem Blue Cross			
HSA California			
Health Net			
Kaiser Permanente			
United HealthCare/Pacificare			
Delta Dental			
MetLife			
Colonial			
Lincoln			

