

# Classic Quotation Request Form

Please complete this form to help us provide an accurately priced quote.  
Once complete, please send the form along with any supporting information to:  
[quotes@healthshield.co.uk](mailto:quotes@healthshield.co.uk)



Brokerage		Consultant	
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## 1. Company & Employee Information

Full company name		No. of employees	
Address		No. of employees to be covered	

Does this company have a cash plan? YES  NO  (if yes, please request a tailored quote)

## 2. Benefit Levels & Partners (If not applicable please leave blank)

For multiple company paid levels please indicate how many members are to be on each level.	L1	L2	L3	L4	L5	L6
Are all partners to be company paid if not how many?						

## 3. Additional Benefits:

PMI REQUIRED? YES  NO

Total no: employees requiring PMI excess cover?	
£ value of PMI excess required?	

Face to face counseling required? YES  NO