

Company Owned Life Insured Quote Request



CBC Retirement Partners
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Date

Submission Instructions: Email or mail this form, along with census form *(in electronic spreadsheet format if available)*.

EMPLOYER INFORMATION

Name of Company		Length of Time in Business	
Address of Company		City	State
			Zip
Name of Contact at Company	Phone	Fax	Email
Description of Business/Purpose of Entity			
Annual Revenue		Business Value	
\$		\$	
Type of Organization: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership/LLC <input type="checkbox"/> Other _____			
Name of any subsidiaries to be included in the plan			
If multiple addresses, please provide locations and number of lives per location			
Number of eligible participants <i>(attach the completed census form)</i>		Total number of company employees	
Eligibility Based On:		Expected Participation Percentage <i>(eligible participants)</i>	
<input type="checkbox"/> Position <input type="checkbox"/> Salary <input type="checkbox"/> Other _____		%	

PLAN INFORMATION

<input type="checkbox"/> Guaranteed Issue <input type="checkbox"/> Simplified Issue <i>(not available on Employee Owned)</i> <input type="checkbox"/> Fully underwritten		Anticipated Plan Date
<input type="checkbox"/> Employer Owned <input type="checkbox"/> Employee Owned		
Proposed Plan Formula: <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Other _____		
Type of Plan		
Nonqualified Deferred Compensation:		
<input type="checkbox"/> SERP	<input type="checkbox"/> Death Benefit Only Plan	<input type="checkbox"/> Executive Bonus
<input type="checkbox"/> Deferral	<input type="checkbox"/> Stock Redemption Plan	<input type="checkbox"/> Other _____
<input type="checkbox"/> Key Executive Coverage	<input type="checkbox"/> Endorsement Split Dollar	
Face Amount		
Flat Amount	Percent of Salary	Cost Recovery
\$	%	
Future Benefit Increases? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		