REQUEST TO QUOTE
(RTQ)

Business Name

Address

Contact Name & Tel #

1) What is the nature of business and how long it has been in operations?

2) Are there any seasonal or, contract employee/s?

◯ Yes ◯ No

If yes, please specify

3) Are all Employees covered by WCB?

◯ Yes ◯ No

4) Does your business currently have Group Benefits or, Health Spending Account (HSA)?

◯ Yes ◯ No

If Yes, Please indicate the following –

Carrier Name # of Years with the Carrier

Renewal Date

5) Are there any employee/s currently off work, on a disability claim/s?

◯ Yes ◯ No

If Yes, please specify the following –

Employee Name Occupation

Date of Disability

Nature of Disability

By printing my name below, I understand I am authorized to request quotes on behalf of the above business. Further, I confirm that our business has not requested quotes from any other broker in the last 90-day period.

Print Name

Date