



EXCESS LOSS QUOTATION FORM

3810 Pheasant Ridge Dr. NE
 Suite 300
 Minneapolis, MN 55449
 (763) 231-8800
 fax - (763) 231-8801

DATE: November 2, 2009

FROM: _____ **TO:** _____ **TPA:** _____

Employer Name: ABC Company **Effective Date:** 5/1/2010 **Quote Expires:** 5/15/2010

Excess Loss Coverage Carrier for this Quote: Pan American Life

SPECIFIC EXCESS LOSS COVERAGE

	Quote 1	Quote 2	Quote 3
Specific Deductible Per person:	\$25,000	\$30,000	\$35,000
Specific Contract Basis:	12/12	12/12	12/12
Monthly Specific Rates:			
Single EE	\$ 218.09	\$ 196.22	\$ 178.69
EE/SP	\$ 450.73	\$ 404.45	\$ 367.36
EE/CH	\$ 371.85	\$ 333.67	\$ 303.07
Family	\$ 631.02	\$ 566.23	\$ 514.30
Estimated Annual Specific Premium:	\$ 498,996	\$ 448,244	\$ 407,566
Aggregating Specific Amount:			

Unless otherwise stated, the Aggregating Specific Amount does not apply towards the Estimated Annual Aggregate Deductible

Coverage Includes: Medical Rx

AGGREGATE EXCESS LOSS COVERAGE

	Quote 1	Quote 2	Quote 3
Aggregate Loss Limit Per person	\$25,000	\$30,000	\$35,000
Aggregate Contract Basis:	12/12	12/12	12/12
Aggregate Corridor	25%	25%	25%
Mo. Aggregate Factors:			
Single EE	\$ 202.93	\$ 218.33	\$ 230.68
EE/SP	\$ 585.33	\$ 617.91	\$ 644.04
EE/CH	\$ 482.89	\$ 509.78	\$ 531.33
Family	\$ 819.46	\$ 865.08	\$ 901.65
Estimated Annual Aggregate Deductible:	\$ 573,823	\$ 609,560	\$ 638,213
Minimum Annual Attachment:	100%	100%	100%
Run-in Limit			
Maximum Aggregate Claim:	\$1,000,000	\$1,000,000	\$1,000,000
Monthly Aggregate Premium per Employee	\$6.48	\$6.48	\$6.48
Estimated Annual Aggregate Premium:	\$9,953	\$9,953	\$9,953
Mo. Agg. Accommodation Fee per Employee			

Coverage Includes: Medical Dental Other: _____ Rx

Max Cost w/o, Agg Accom, Lasers or Aggregating Spec **\$1,082,773** **\$1,067,757** **\$1,055,732**

QUOTE ASSUMPTIONS:

Commissions: 15%
 Specific Stop Loss Lifetime Max per person: **\$5,000,000**
 Enrollment of : 77 Single EE 18 EE/SP 16 EE/CH 17 Families
 Quote based on current plan of benefits.
 Retirees are not covered under this plan.

IMPORTANT: This quote does not bind excess loss insurance coverage. We reserve the right to rescind quote or re-rate group upon reviewing the information requested in the conditions below and/or in accordance with the conditions listed on the Summary of Benefits and Conditions Page.

CONDITIONS:

COMMENTS:

Underwriter: _____ **TPA Acceptance:** _____ **Aggregate Accommodation:** Yes _____ No _____
Selected Quote: 1 2 3 4 (circle)