

Group Health & Ancillary Fact Finder

Agent/Broker Information:

Name _____
Firm Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Request from: _____ FNIC Advisor _____ Broker _____
Current ANB Agent/Broker: Yes _____ No _____

Client Information:

Company Name _____
DBA _____
Primary Contact _____
Phone _____ Email _____

Quote Request:

When current coverage is in force, please provide a policy certificate and current bill for each line of coverage.

Health: Current Coverage? Yes No Carrier _____
Dual Option? Yes No

Plan Design _____

Dental: Current Coverage? Yes No Carrier _____
Voluntary? Yes No

Plan Design _____

Life: Current Coverage? Yes No Carrier _____
Voluntary? Yes No

Plan Design _____

STD: Current Coverage? Yes No Carrier _____
Voluntary? Yes No

Plan Design _____

LTD: Current Coverage? Yes No Carrier _____
Voluntary? Yes No

Plan Design _____

Other:

Return completed Fact Finder to Jordan Van Cleef at JVanCleef@AdvisorNet.com or fax to 612-313-7516 attn: Jordan.