

Local Nationals - Request for Quote Form

Checklist

Employer Name	
Local Employer Address	
Confirmation of Local Registered Legal Entity	
Employer Line of Business or Industry	
Confirmation of Local Bank Account	
Benefit Coverage Already In-Force	
Coverage Requested	
Number of Lives	
Country of Citizenship of Employees	
Census	<ul style="list-style-type: none"> • Name of ID number • Date of Birth or Age • Gender • Annual Salary • Marital Status • Dependents gender, age • Nationality • Country of Residence

Coverage Requirements

Coverage Requested	Level of Benefits
Life	
Voluntary Life	
Accident	
Disability – Short Term	
Disability – Long Term	
Disability – TPD/PTD	
Pension / Endowment	
Medical	

Notes:

- If requesting a match of in-force coverage, please attach current contract and claims experience.
- Local National benefits are provided by our partners.

Please collect the above information, and mail or fax to InsuranceToGo. Thank you!



500 Professional Center Drive, Suite 515
 Novato, CA 94947 USA
 415 898 0584 Phone • 415 898 0877 Fax
 Info@InsuranceToGo.com