



## Group Insurance Questionnaire

---

Company Name:

---

**Note:** Collection of information contained herein will be used for the sole purpose of requesting quotations for employees of your firm.



## Marketing strategy questionnaire

### 1. General Overview

A. Name of firm and primary contact particulars:

B. Number of years in business?

C. Nature of industry/ description of business operations (please include SIC if known):

D. Number of permanent full-time employees working more than 20 hours per week on a year-round basis:

E. Reason for requesting quotation:

F. Please indicate the number of permanent full-time employees compensated as follows:

Salary only: \_\_  
Commissions only: \_\_  
Salary & Comissions: \_\_  
Salary & Bonus: \_\_  
Contract or Fee-basis: \_\_  
OTHER (i.e. dividends): \_\_\_\_\_

G. Does the company receive outside funding? If yes, please explain.

H. Are all employees covered by Workers' Compensation? If not, please explain why:

I. How many employees are related to the owner(s)?

J. Is the business seasonal?

K. Do all employees work on a full-time basis (minimum 20 hours/week)? If not, please explain:

L. Are any employees presently absent from work due to sickness or accident, or receiving short-term (Long Term Disability/EI/ CPP/Workers Comp) disability benefits?

M. To the best of your knowledge, have any current employees been absent from work because of illness or injury for a period of two or more consecutive weeks throughout the 12 months?

N. Has there been significant turnover in the past 12 months? If so, please explain:

- O. As part of their occupation, are any of the employees involved in hazardous activities such as flying aircraft, handling dangerous chemicals/explosives, or other?

- P. Will the employer contribute a minimum 50% towards the monthly premiums, with the exception of LTD? (If non-taxable LTD plan, employees pay 100% of LTD monthly premiums)

- Q. Are all permanent full-time employees participating in your current Group Insurance Plan? If all eligible employees are **not** participating, please explain.

Additionally, the following information would be most helpful to facilitate a thorough Group Insurance review for your firm:

1. copy of your current benefit structure (**booklet or contract**)
2. copy of your last 3 years' renewal reports (used to understand your Administration fees, inflation/trend factors, etc) applicable for previous and current rate calculations.

If you have any questions, please contact Pam Hinam: [pam@employee-benefits.ca](mailto:pam@employee-benefits.ca)