



**The Parker Group**

Consultant/Broker/Agent \_\_\_\_\_



Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Prospect Profile**

Company Name <i>*optional</i>		
Type of Industry		
Years In Business		
Broker/Consultant/Agent	Phone #	Email address

**Prospective Employee Population & Distribution**

Total # of Full-time EES		
Total # of Part-time EES		
	<i>List States/Location City &amp; State as known</i>	
# of Locations _____		
State of Domicile _____		
Estimated Annual Turnover		

**Existing  
Ancillary / Supplemental Benefits**

Supplementary Program	Yes	No	Notes
Long Term Care			Individual (or) Group
<b><i>Life Options</i></b>			<b><i>Carrier(s)</i></b>
Vol. Group Term Life			
Supplement Life			
Ind. Term Life			
Universal Life			
Whole Life			
<b><i>Accident / Health</i></b>			<b><i>Carrier(s)</i></b>
Accident			
Cancer			
Critical Illness			
<b><i>Value Added</i></b>			<b><i>Carrier/Company</i></b>
Legal Plan			
Prescription Card/PBM			

**Benefits/plan To Quote/Propose**

Supplementary Program	Yes	No	Notes
Long Term Care			Individual (or) Group
<b><i>Life Options</i></b>			<b><i>Carrier(s)</i></b>
Vol. Group Term Life			
Supplement Life			
Ind. Term Life			
Universal Life			
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