



Agent Information

Agent/Agency Name:	DENCAP Agent #: A _____
Agent Email Address:	

Quote Information

Type of Quote: <input type="checkbox"/> New <input type="checkbox"/> Existing Renewal	Type of Plan: <input type="checkbox"/> DHMO Group Plan <input type="checkbox"/> PPO Group Plan <input type="checkbox"/> Dual Choice PPO and DHMO
Vision: <input type="checkbox"/> Quote With Vision <input type="checkbox"/> Quote Without Vision <input type="checkbox"/> Quote Both Options	Requested Effective Date:

HMO Options

<input type="checkbox"/> Lowest Premium <input type="checkbox"/> Highest Benefits <input type="checkbox"/> Make Recommendation: _____

PPO Options

Desired Maximum: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,800 <input type="checkbox"/> Other:	Cosmetic Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Information

Business Name for Quote:	Business Zip Code:
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Census Information *This may be sent by attachment or you may complete the following fields:*

Number of Employees:	Number of Individual:	Number of 2 Person:	Number of Family:
<input type="checkbox"/> Employee Paid <input type="checkbox"/> Employer Paid			

Please fax to 313.972.4662 or email to info@dencap.com