

**SAMPLE ONLY**

Suite 300  
Any Town, USA  
80/20 500.00 DEDUCTABLE

**SPAGGREGATE**

**EXCESS LOSS QUOTATION FORM**

DATE: 2010  
FROM: TO: TPA: AEGIS AEGIS  
Employer Name: 1/15/2010 Quote Expires: Effective Date: 1/1/2010 ABCTechnology

**A RATED CARRIER**

**SPAGGREGATE®**

**EXCESS LOSS  
COVERAGE**

Maximum Claim per person \$5,000,000  
Contract Basis: 12/12  
Monthly Premium Single EE \$142.92  
per: EE/SP \$384.83  
EE/CH \$318.05  
Family \$537.47  
Estimated Annual: \$279,394

Run-in Limit  
Monthly Funding Single EE \$187.32  
Factors per: EE/SP \$511.69  
EE/CH \$422.14  
Family \$716.36  
Estimated Annual: \$370,020

Coverage X Medical Dental Other: X Rx Under  
Includes: Major Med

Max Cost w/o Laser or \$ 649,414  
Aggregating Spec

**QUOTE ASSUMPTIONS:**

Commissions: 0  
Enrollment of EE/SP 25 Family 11  
NET EE/CH 1 Single 52

This quote assumes no known COBRA or Disabled Participants.  
This quote assumes Retirees are not covered under this plan.  
Quote based on the current plan of benefits.

**IMPORTANT: This quote does not bind excess loss insurance coverage. We reserve the right to rescind quote or re-rate group upon reviewing the information requested in the conditions below and/or in accordance with the conditions listed on the Summary of Benefits and Conditions Page.**

**CONDITIONS:**

This Quote assumes no participants with a potentially high risk diagnosis as defined in THE Disclosure Statement.  
MONTHLY ENROLLMENT AND LARGE CLAIMS DATA IS REQUIRED

**COMMENTS:**

Aggregate Accommodation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Underwriter: TPA Acceptance: Selected Quote: 1 2 3 4 (circle)