



MultiNational Underwriters®
Lloyd's Coverholder

ATLAS CORPORATE TRAVEL REQUEST FOR PROPOSAL

(Omitted information may cause delay in the preparation of a proposal for the Group.)

Name of Company:		Telephone:	
Street Address:		City:	State:
Country:	Postal Code:	Contact Person:	
Website Address:		Email:	

Travel / Employee Information:

Desired Number of Travel Days (min. 100 days):
Total number of US based employees:
Total estimated number of US based employees to travel abroad:
Total number of non-US based employees:
Total estimated number of non-US based employees to travel abroad (excluding the US or Canada):
Total estimated number of non-US based employees to travel inside the US or Canada:

Desired Effective Date (1 st of the month) mm/dd/yy: / 01 /

Benefit Options Desired:

Deductible	<input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
Maximum Benefit	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Hazardous Sports Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acute Onset of a Pre-Existing Condition for non-US Citizens (coverage is included for US citizens)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments:

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Producer Name: Derek Patterson	Company: eGlobalHealth Insurers Agency, LLC	Producer Number: 22324
This form is intended to provide MultiNational Underwriters® with information necessary to provide you with competitive rates for medical coverage. No insurance is in effect until you are notified in writing. Thank you for your interest in the Atlas Corporate Travel plan.		
Signature: (Authorized representative of group)		Printed Name: Date:

ATLAS CORP RFP 08.07