



Frank J. Schiappa
 Certified Public Accountant

Health Insurance Quote Information

Please print this page, fill it out, gather the supporting documentation listed below and fax 508-875-6405 or email it to Dan@schiazza.net:

1. Check Applicable Coverage: Individual Coverage Group Coverage

2. Renewal Date: ___/___/___ (If applicable, not applicable on new coverage.)

3. Broker Involved: Yes No

4. Current Monthly Insurance Invoice Copy: this will provide the following information - current rates & exact current plan configuration. These documents provide us with the most accurate up to date information so that there is no confusion on the coverage that is being quoted.

5. Census information: this will also allow our firm to go to market with all the necessary information that the Licensed Insurance carriers in the state require to quote products/rates. Electronic format is preferred.

6. Contact Information:

Company: _____ Address: _____

Phone: _____ Fax: _____ Contact Name: _____

Title: _____ Email Address: _____

7. Nature of the Business: _____

8. SIC Code: _____

We look forward to assisting you with your insurance needs! Please contact Dan Schiappa if you need immediate assistance Dan@schiazza.net.

The appropriate authorization form to quote this piece of business will be forwarded to you. A Broker/Authorization form will be sent. This form allows our firm to market your benefits at the best insurance carriers in the state. A current sample of Insurance Carriers represented: (not limited to) Blue Cross Blue Shield, Harvard Pilgrim Health Care, Tufts Health Plans, MetLife®, Guardian, Delta Dental, Etc.

Registered Health, Life & AD&D Insurance Business

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