**General Information**

**Employer Legal Name:** Click or tap here to enter text.

**Complete Legal Address:** Click or tap here to enter text.

**Requested Effective Date:** Click or tap to enter a date.

**Tax ID Number:** Click or tap here to enter text.

**Contact Person Name/Phone # at Employer Group:** Click or tap here to enter text.

**Retirees Covered?** Choose an item.

**Multiple Locations?\*** Choose an item. **Subsidiaries/Affiliates?\*** Choose an item. \**if marked yes, please list on page 2*

**Will there by any other governing documents as it pertains to Plan eligibility besides the SPD, such as an employee handbook?** Choose an item. **If yes, what document(s)?** Click or tap here to enter text.

**Administrator Information**

**Name of Approved Administrator:** Click or tap here to enter text.

*Complete this section only if first case sold with ECU:*

|  |  |
| --- | --- |
| **Complete Address** |  Click or tap here to enter text. |
| **Contact Person at Administrator** |  Click or tap here to enter text. |
| **Telephone** |  Click or tap here to enter text.  |
| **Email** |  Click or tap here to enter text. |

**Writing Agent for Agent Appointment Purposes**

**Agent Name:** Click or tap here to enter text.

*Complete this section only if first case sold with ECU:*

|  |  |
| --- | --- |
| **Complete Address** |  Click or tap here to enter text. |
| **Telephone** |  Click or tap here to enter text.  |
| **Cell Phone** |  Click or tap here to enter text. |
| **Email** |  Click or tap here to enter text.  |
| **Social Security # or Tax ID #** |  Click or tap here to enter text. |

**Sold Quote Information**

**Please confirm the proposal number and quote option. This must match the signed proposal:**

**Sold Proposal Number:** Click or tap here to enter text.

**Quote Option # Selected:** Click or tap here to enter text.

**Product Sold**

**Please select the ECU Stop Loss product sold:** Choose an item.

**Monthly Aggregate Accommodation ($1.50 PEPM):** Choose an item.

**Specific Terminal Liability Option:** Choose an item.

**Aggregate Terminal Liability Option ($1.50 PEPM):** Choose an item.

**Captive Proposal**

**Is group participating in an ECU Captive Program:** Choose an item.

**If yes, please list which captive:** Click or tap here to enter text.

**Special Limitations/Lasers**

**Please list all lasers and contingencies:**

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Premium Remittance**

**Commission Level:** Click or tap here to enter text.

**Net/Gross:** Choose an item.

*Please make premium checks payable to East Coast Underwriters, LLC and mail to the below address.*

*ECU encourages premium remittance via ACH; banking instructions can be supplied upon request.*

**East Coast Underwriters, LLC**

**P.O. Box 2468**

**Spartanburg, SC 29304**

**Locations**

**Please list all names and addresses of additional locations, subsidiaries, and affiliates below or provide a separate list:**

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Application & Policy**

**Please provide the following TPA/Producer information to ECU so that they may contact the appropriate person(s) to send the Application, Policy, and any questions to:**

|  |  |
| --- | --- |
| **Name** |  Click or tap here to enter text. |
| **Telephone** |  Click or tap here to enter text.  |
| **Email** |  Click or tap here to enter text.  |

**Submitted by:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.