



Something for IFA Members to be happy about.

Get more information on Franchise Benefit Solution's Insurance Benefits Program developed specifically to meet your franchise needs.

Just fill out this form and return it to:

FRANCHISE BENEFIT SOLUTIONS
P.O. Box 3063
Farmington Hills, MI 48333

For even faster service:

Fax: 800-888-1470

E-mail: Bernard@diamondcompanies.com

If you have any questions, call 800-536-2230.



INSURANCE PROPOSAL REQUEST

Franchise name: \_\_\_\_\_

Contact person: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Number of franchises: \_\_\_\_\_

Average number of employees per franchise: \_\_\_\_\_

Nature of franchise: \_\_\_\_\_

Is there now or has there been any insurance program: [ ] Yes [ ] No

If yes, list carrier names: \_\_\_\_\_

Benefits offered: [ ] Medical [ ] Dental [ ] Vision [ ] Life [ ] Disability [ ] Retirement

Number of franchise firms enrolled: \_\_\_\_\_ Number of employees enrolled: \_\_\_\_\_

If NO current benefits are offered, please list the type of benefits your interested in offering:

[ ] Medical [ ] Dental [ ] Vision [ ] Life [ ] Disability [ ] Retirement

Is there a franchise association: [ ] Yes [ ] No

Are franchise firms behind plan: [ ] Yes [ ] No

Describe franchise demographics: [ ] National [ ] State Area of concentration: \_\_\_\_\_

Describe franchise expansion if any: \_\_\_\_\_

Describe current employment picture among member firms: \_\_\_\_\_

Describe complete participation that franchise would have available for solicitation purposes:

Describe means of contact between franchisers and its franchisees, Meetings? If so, how often?

Enclose literature