

PROFESSIONAL MASS MARKETING INTERNATIONAL, INC.
MANAGING GENERAL AGENCY
Specializing in Employee Benefits

**REQUEST FOR PROPOSAL
CHECKLIST
INFORMATION REQUIRED**

- Company Name _____
- City, State, Zip Code _____
- Nature of Business _____
- Current Bill For Each Line of Coverage.
- Benefit Booklet or Schedule of Benefits for Each Line of Coverage.
- Most Recent Renewal Letter/Renewal Date for Each Line of Coverage.
- Employee Census Data (See Employee Census Form). Please Include Employee Resident Zip Codes for Out of State Employees.
- Employee Monthly Contribution Amounts By Line of Coverage (Explain):

- Optional – List of Physicians Employees Currently Utilize or at Least the Key Decision Makers.

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