Request for Quotation Form

Canadian Nursery Landscape Association
Hort Protect
For All Your Insurance Needs

Company Name: Contact Name:

Email: Phone:

Address: City: Province:

Postal Code:

Name of the Association that you are a member of:

☐ Yes   ☐ No   Do you currently have group employee benefits in place?

If yes, please provide the following documents for a fair comparison quote to your current plan design, ensuring you get the same coverage at a minimum.

Schedule of Benefits   Employee Handout booklet (policy)
Current billing   Experience, over the last 3 years

Overview of the Program

Mandatory Coverage   Group Life, AD&D, Dept. Life and Extended Health Care are required for the base platform of the HortProtect program.

Annual Renewal   August 1st, rates are subject to change (+ / -)

Plan Design Options   Select the level of coverage you would like to be included in the quotation.
For Groups larger than 10 employees, further customization options are available.
Please speak with your regional advisor.

Classifications Options: Class A - Proprietors, Officers & Supervisory Staff
Class B - All other employees

Mandatory Coverage

1. **Group Life Insurance**

   ☐ 2 x annual earnings up to a maximum of $850,000 - **Class A only**
   (Evidence of insurability required for amounts in excess of $600,000)

   ☐ 1 x annual earnings

   ☐ Flat $10,000   ☐ Flat $25,000   ☐ Flat $50,000

2. **Accidental Death & Dismemberment**

   ☐ 4 x annual earnings - **Class A only**

   ☐ 2 x annual earnings

   ☐ 1 x annual earnings

   ☐ Flat $10,000   ☐ Flat $25,000   ☐ Flat $50,000

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3. Dependent Group Life

Spousal benefit: ☐ $10,000 ☐ $5,000

Children benefit: ☐ $5,000 ☐ $2,500

4. Extended Health Care

Yearly Deductible: $25 single coverage /$50 family coverage (does not apply to prescription drugs)
Out of country coverage
Co-insurance: 100% for major medical
Hospital: Semi-private room
Paramedical Coverage: $500 per insured, per practitioner, per calendar year

Prescription Generic Drug Plan Co-Insurance

☐ 80% coverage ☐ 90% coverage ☐ 100% coverage

Optional Coverage

1. Basic Dental Care, yearly deductible: $25 per employee and all covered dependents

☐ 80% coverage ☐ 90% coverage ☐ 100% coverage

☐ 50% coverage – **Major dental services** (available in select provinces)

☐ 50% coverage – **Orthodontics services** (available in select provinces)

2. Vision Care, Pays 100% of lenses, frames or laser eye surgery to a maximum of:

☐ $200, every 24 months (every 12 months dependents under 18)

☐ $100, every 24 months (every 12 months dependents under 18)

3. ☐ **Short Term Disability**
Coverage 66 2/3% of weekly earnings, after zero days for accidental disability or after seven days of sickness.
Benefit period: 17 weeks. Maximum: $750.00 per week.

4. ☐ **Long Term Disability (Employee Paid Benefits, benefit period: to age 65)**
Own Occupation Definition for: Proprietors, Officers & Supervisory Staff: 3 years
                All other employees: 2 years
                Monthly Benefit: 70% of earnings to a maximum of $13,000
                10,000 NEL
☐ 119 days ☐ 90 days Elimination Period

5. ☐ **Employee Assistance Program**
Provides professional assistance for a wide variety of personal, family and work-related issues

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Employee Census - Required for quotation

*Spousal exemption for Extended Health Care and Dental if covered under another plan.
**Occupation: A - Proprietors, Officers & Supervisors,   B - All Other Employees

Employee Name	Gender	Martial Status (S)ingle (F)amily *	Date of Birth D	M	Y	Annual Earnings	** Occupation Class A	B

HortProtect CNLA program is underwritten by:
Manulife Financial, CHUBB, Fenchurch General Insurance Company

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