

Quote to **ARCH INSURANCE COMPANY**, Kansas City, MO  
for a Massachusetts Paid Family & Medical Leave Policy

**QUOTE IS HEREBY MADE TO ARCH INSURANCE COMPANY FOR A POLICY OF GROUP INSURANCE TO PROVIDE PAID FAMILY & MEDICAL LEAVEL BENEFITS IN ACCORDANCE WITH MGL C.175M AND 458 CMR 2.00 OF MASSACHUSETTS LAW.**

1. **EMPLOYER:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

<b>REQUESTED EFFECTIVE DATE</b>
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2. **NATURE OF BUSINESS** \_\_\_\_\_  
**SIC CODE** \_\_\_\_\_ **TAX ID #** \_\_\_\_\_

3. **NUMBER OF EMPLOYEES TO BE COVERED:** Males \_\_\_\_\_ Females: \_\_\_\_\_

4. **NAME OF BROKER\*\*\*:** \_\_\_\_\_ **GENERAL AGENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY,STATE,ZIP:** \_\_\_\_\_

\*\*\* Broker must have a Massachusetts broker or life and health license.

5. **EMPLOYEE CENSUS.** Please provide an **Excel** file containing only the following information for all eligible employees:

- Gender
- Date of Birth or Age
- Salary (annual)
- Full-time or Part-time Indicator
- Occupation

Please send completed quote sheet and Excel census to: [DIUnderwriting@Archinsurance.com](mailto:DIUnderwriting@Archinsurance.com)

Call Arch Underwriting with any questions: 201-743-3937

Insurance coverage described is underwritten by Arch Insurance Company, NAIC #11150, a member company of Arch Insurance Group Inc. The policy contains reductions, limitations, and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern. Not all coverages are available in all jurisdictions. Please refer to your policy for detailed terms and conditions.