

MOUNTAIN WEST INSURANCE
2971 N. MAIN DURANGO, CO 81301
970-259-8082
Fax 970-259-8086
E-mail Sandra@durangoinsured.com

COMPANY NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **COUNTY** _____ **ZIP** _____

NATURE OF BUSINESS _____

SOLE PROPRIETOR **PARTNERSHIP** **CORPORATION**

CONTACT PERSON _____ **PHONE#** _____
FAX# _____

PLAN DESIGN (check one or more)

- MEDICAL** **RX CARD** **LIFE INS. AMOUNT** _____
 MATERNITY **STD 5+***
 DENTAL 2+* (Traditional and Voluntary) **VISION 10***
 LTD 5+* **PPO** **INDEMNITY** **HMO** **HSA**
 PARTIAL SELF FUNDED 5+*

DEDUCTIBLE: \$500 \$1,000 \$1,500 \$2,000 \$3,000 \$5,000

CO-INSURANCE: 50% 70% 80% 90% 100%

MAXIMUM OUT OF PODKET: UNDER \$2,000 \$2,500 \$5,000

DO YOU HAVE COVERAGE NOW? _____

NAME OF INSURER _____ **PLAN TYPE** _____

***REFERRING TO THE MINIMUM NUMBER OF EMPLOYEES**

