

Get a quote in 24 hours or less.

Please complete this information below and fax it to us at 216-592-2305. All fields are required to process your request. A COSE representative will call you within one business day. They will discuss the next steps of receiving a fully underwritten group quote.



Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>
City	<input type="text"/>	County	<input type="text"/>
Zip Code	<input type="text"/>	Years in Business	<input type="text"/>
Line of Business	<input type="text"/>	Number of fulltime employees	<input type="text"/>

Tell us about your carrier	
Current Carrier name	<input type="text"/>
Number of current employees enrolled	<input type="text"/>
Current monthly premium	<input type="text"/>
Renewal date	<input type="text"/>
Current deductible	<input type="text"/>
Current COSE member?	<input type="checkbox"/>

Tell us about your enrolling employees

Number of enrolling employees

Employee 1

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 2

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 3

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 4

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 5

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 6

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 7

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 8

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Additional Employees

Employee 9

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 10

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 11

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 12

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 13

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 14

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

Employee 15

Employee Gender - Male **Female**

Employee Age

Spouse Age

Number of Dependents

* All quotes subject to underwriting and the submission of required information.

To learn more about our health plans for small businesses or to schedule an appointment, call COSE at (216) 592-2355.

