Klarstig

# Insurance Partnership Inquiry Contact

Tell the receiving team what you need and how they can respond. Include enough context to route the message to the right person.

## Contact and reference

**Organization using this document**

**Your name or contact reference ***

**Email for a reply if needed**

## Information for this document

**Subject of your message ***

**Your message ***

**Main topic ***

- ☐ Information
- ☐ Existing request
- ☐ Partnership
- ☐ Support
- ☐ Other

**Existing reference if applicable**

**Response needed by if time sensitive**

**Preferred way to respond**

- ☐ Email
- ☐ Phone
- ☐ No response needed

## Specific details

### Organization and proposed partnership area

Complete when relevant to this request.

### Mutual goals contribution expected scope and timing

## Operating context

### Policy service or case reference

Complete when relevant to this request.

### Relevant dates evidence and authorized review contact

## Limitations and what needs setup

- Submitting the form records the answers in your workspace. It does not approve, schedule, charge or reply on its own unless you add that step to the workflow.
- Email notifications, approval routing, document generation and connections to other systems are available but not switched on until you configure them.

**Want help tailoring this form? Free, Starter and Pro include five personal setup sessions, up to 30 minutes each, per new organization.**

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