

**SCHOOL INFORMATION**

Name of School:					
Street Address:					
City:		State:		Zip:	
Agent:		Requested Commission:			
Athletic Assoc. & Division:		A paper required:		New Business or Renewal:	
Date Proposal Needed By:		Effective Date to be Quoted:			
Does the School require primary coverage for all athletes?			Type of Coverage Needed:		

**BENEFITS & LIMITS TO BE QUOTED**

Please quote the following for the upcoming year:
Please quote additional options indicated below:

**CURRENT & PREVIOUS INSURANCE INFORMATION**

BENEFITS:	Prior Year 3	Prior Year 2	Prior Year 1	Current Year
Plan Effective Date:				
Insurance Carrier:				
TPA:				
Disappearing Deductible:				
Aggregate Deductible:				
Medical Maximum:				
Benefit Period in weeks:				
Initial Treatment Period:				
Dental Limit (if different than medical max):				
Expanded Medical:				
Pre-Existing Conditions:				
HMO/PPO Denial:				
Heart/Circulatory Malfunction:				
AD&D:				
Premium:				
Claims Paid Amount:				
Paid As Of Date:				

**NOTES/COMMENTS**

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SPORT INFORMATION				
NUMBER OF PARTICIPANTS				
SPORTS	Indicate if Club Sport	MEN	WOMEN	Subtotals
Badminton				
Baseball				
Basketball				
Baton Twirling				
Bicycle (competitive)				
Bowling				
Boxing				
Cheerleading				
Cricket				
Cross Country				
Diving				
Equestrian				
Fencing				
Field Hockey				
Flag/Touch Football				
Football				
Football - Spring				
Golf				
Gymnastics				
Handball				
Ice Hockey				
Judo				
Karate				
Lacrosse				
Pistol/Rifle/Skeet/Archery				
Polo/Roller Hockey				
Rodeo				
Rowing/Sailing				
Rugby				
Skating (Roller & Ice)				
Skiing				
Soccer				
Soccer (Indoor)				
Softball				
Squash/Racquetball				
Street Hockey (No Skates)				
Street Hockey (Skates)				
Swimming				
Tennis				
Track & Field				
Trap				
Volleyball				
Water Polo				
Weighlifting				
Wrestling				
Other				
Other				
Other				
Other				
Subtotals		0	0	0

Total # of Participants	0
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FOR K-12 GROUPS

Total # of Students	0
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Total # of Athletes	0
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