

**School Administrators:**

In order to present you with a proper proposal for your student athletic accident insurance for the coming year, we will need some information. Please fill out this form, return it to me, and we will have a firm fixed price proposal on this fine plan to you in a few days.

Name of School (District) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Administrator responsible for Student Ins. \_\_\_\_\_

Grades included in School (District) \_\_\_\_\_ Number of High Schools (District) \_\_\_\_\_

Do you insure all Students? Yes \_\_\_ NO \_\_\_ Number of Students \_\_\_\_\_

K-6 (8) \_\_\_\_\_ 7 (9)-12 \_\_\_\_\_

Current Carrier (Administrator) \_\_\_\_\_

Premium & Losses (for the last 3 years)	Policy Year	Premium	Losses Paid
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please fill in below the number of participants during the current year, in the high school interscholastic sports sponsored by your school (district). If you have tackle football on a level below the high school freshman level, include that in the "other" column.

NOTE: If you insure ALL students, you need not fill out the form below.

SPORT	NUMBER	SPORT	NUMBER
BASEBALL		RIFLE	
BASKETBALL		SKIING	
BOWLING		SOCCER	
CROSS COUNTRY		SOFTBALL	
FENCING		SWIMMING	
FIELD HOCKEY		TENNIS	
FOOTBALL		TRACK	
GYMNASTICS		VOLLEYBALL	
GOLF		WEIGHTLIFTING	
ICE HOCKEY		WRESTLING	
LACROSSE		OTHER	

We will be most happy to coordinate the program through your local agent or broker. If you wish to work with the broker, please provide the information below.

NAME OF AGENT OR  
BROKER \_\_\_\_\_  
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_