



REQUEST FOR K-12 STUDENT ACCIDENT AND/OR CATASTROPHIC ACCIDENT MEDICAL QUOTE FOR MEMBER SCHOOLS OF PENNSYLVANIA SCHOOL BOARDS ASSOCIATION

The purpose of this form is to obtain information necessary to provide a quote. Completion of this form is not an application for coverage. Coverage cannot be bound by submitting this form. Return completed form to Special Markets Insurance Consultants, Inc.

Name of School or School District _____

Address _____ Street _____ City _____ State _____ Zip _____

Email Address _____ Website _____

Contracting Official _____

Table with 5 columns: Name, Title, Phone, Fax, and Anticipated Enrollment. Rows for Grades Pre K - K, Grades 1 - 8, and Grades 9 - 12.

STUDENT ACCIDENT INSURANCE CHOOSE MANDATORY OR VOLUNTARY

Mandatory Coverages - Covers All Students and/or All Athletics. School Purchased

Option 1

- All Students School-Time: [] All Students - All Interscholastic Sports - Includes Interscholastic Tackle Football [] All Students - All Interscholastic Sports -No Interscholastic Tackle Football [] All Students - Interscholastic Tackle Football Only [] All Students - No Interscholastic Sports [] Include Voluntary 24 hour extension & Optional 24-Hour Dental (parent purchased)

Option 2

Sports Only Coverage (All * selections must complete the Sports Census Questionnaire on the next page):

- [] All Sports w/ Interscholastic Tackle Football* [] All Interscholastic Sports - No Interscholastic Football* [] Interscholastic Tackle Football Only [] Include Voluntary Coverages: Optional School-Time, Optional 24-Hour and Optional 24-Hour Dental (parent purchased)

Additional Mandatory Coverages Available: [] Band & Cheerleaders [] Intramurals & Gym [] JROTC _____ # of students

- [] Before/After School Care _____ # of students [] Summer Campers _____ #of campers

Select Mandatory Program to be Quoted:

- [] Platinum [] Diamond [] Gold [] Silver [] Bronze

Voluntary Only Coverages - Covers only those who apply and paid premium. Parent Purchased. Website enrollment.

- [] Optional School-Time: [] All Interscholastic Sports - Includes Interscholastic Tackle Football [] All Interscholastic Sports - No Inter. Tackle Football [] No Interscholastic Sports [] Optional 24-Hour: [] All Interscholastic Sports - Includes Interscholastic Tackle Football [] All Interscholastic Sports - No Inter. Tackle Football [] No Interscholastic Sports [] Optional Interscholastic Football: Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition. [] Optional 24-Hour Dental: Insurance coverage is in effect 24-Hours a day.

Voluntary Only Coverages are available under Gold, Silver & Bronze only.

CATASTROPHIC ACCIDENT INSURANCE SEPARATE POLICY & PREMIUM

Maximum Benefit: \$5,000,000 **OR** \$1,000,000

Benefits: Medical Only **OR** Catastrophic Cash

Coverage Period: Lifetime **OR** 10-Year

Class 1 All students including interscholastic athletes, intramural sports participants, student coaches, student managers and student trainers. *(Includes coverage for cheerleaders, band members, majorettes and gym class.)*

Includes Interscholastic Tackle Football

Excludes Interscholastic Tackle Football

Class 2 All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers. *(The below Sports Census Questionnaire must be completed.)*

Includes Interscholastic Tackle Football

Excludes Interscholastic Tackle Football

Class 3 All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities. *(The below Sports Census Questionnaire must be completed.)* Includes Interscholastic Tackle Football Excludes Interscholastic Tackle Football

Class 4 All students and intramural sports participants, excluding coverage for interscholastic athletes. *(Includes gym class participants and excludes cheerleaders, band members, majorettes, student coaches, student managers and student trainers.)*

SPORTS CENSUS QUESTIONNAIRE

*Instructions: This Census must be completed when * options under Mandatory Sports Only Coverage are selected on the previous page or Class 2 & Class 3 under Catastrophic Accident Insurance is selected. Activities must be school sponsored and supervised.*

Activity	# Sr. High	# Jr. High	Activity	# Sr. High	# Jr. High	Activity	# Sr. High	# Jr. High
Band			Football-Jr. Varsity			Track		
Baseball			Football-Freshman			Volleyball		
Basketball			Golf			Wrestling		
Cheerleaders			Pep Squad			Drama		
Cross Country			Soccer			Journalism		
Drill Team			Softball			Math		
Flag Corps			Swimming			Music		
Football-Varsity			Tennis			Other		

Previous Coverage Information: All Items * are Required Information. Check here if no previous coverage.

Student Accident	Current Year	Last Year	Prior Year	Catastrophic Accident	Current Year	Last Year	Prior Year
Premium*	\$	\$	\$	Premium*	\$	\$	\$
Claims*	\$	\$	\$	Claims*	\$	\$	\$
Paid thru Date*	\$	\$	\$	Paid thru Date*	\$	\$	\$

***Claims: Please attach a copy of the insurance carrier(s) loss runs for the above years if available.**

Student Accident	Current Year	Last Year	Prior Year	Catastrophic Accident	Current Year	Last Year	Prior Year
Maximum Benefit*				Maximum Benefit*			
Deductible Amount*				Deductible Amount*			
Benefit Period:*	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	Benefits Period*	<input type="checkbox"/> 2 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> Lifetime	<input type="checkbox"/> 2 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> Lifetime	<input type="checkbox"/> 2 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> Lifetime

***Benefits: Please attach a copy of your expiring policy**

Local Agency Information if Applicable

Agent Name	Agency Name
Agency Address	Agency City
Agency State	Agency Zip
Phone Number	Email Address

RETURN COMPLETED FORM TO SPECIAL MARKETS INSURANCE CONSULTANTS, INC.



Special Markets Insurance Consultants, Inc.
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