



K-12 Student Accident and Athletic Insurance Request for Quote Underwritten by U.S. Fire Insurance Company



AG Administrators, LLC. 1001 Old Cassatt Rd. Berwyn, PA 19312 610-933-0800 Fax: 610-935-2860 Info @ agadm.com www.agadministrators.com

PLEASE COMPLETE AND RETURN, WITH CURRENT CLAIM REPORTS, TO A-G ADMINISTRATORS VIA E-MAIL

Participating School/District: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____

of Eligible Students: _____

Total # of Sr. High Schools: _____ Total # of Jr. High Schools: _____ Total # of Elem Schools: _____

Grades Covered: PreK-5: _____ Grades 6-8: _____ Grades 9-12: _____

Interscholastic Sports Coverage

\$ 1,000,000 Maximum Benefit (Maximum \$ 25,000 when CAT is purchased)

Premium Paid by School

\$ 100 Primary Excess Plan (Benefits paid at usual, reasonable & customary rate)

- checkbox All Sports checkbox Football Only checkbox Intramurals & Gym checkbox Band and Cheerleaders checkbox Heart & Circulatory checkbox Expanded Medical checkbox Other _____

Note: Please complete Sports Census Questionnaire

Voluntary Plan Attached to Interscholastic Sports Coverage. Please choose one:

- checkbox Primary Plan (scheduled benefits which could leave patient liability) checkbox Primary Excess Plan (pays 100% usual reasonable & customary)

Compulsory Student Accident Coverage

Covers Entire Student Population

Premium Paid by School

- checkbox All Sports checkbox Football Only checkbox Heart & Circulatory checkbox All Sports other than Football checkbox Excludes Sports checkbox Expanded Medical

- Benefit Period: checkbox One Year checkbox Two Years checkbox \$ 25,000 Limit checkbox \$ 50,000 Limit checkbox Other _____

Voluntary Student Accident Coverage

Maximum Benefit \$ 250,000

- checkbox Primary checkbox \$100 Primary Excess (PA) checkbox Includes Sports Other Than Football checkbox Includes All Sports checkbox Excludes Sports

Catastrophic Student Accident Coverage

Accident Medical Expense Benefits

Deductible \$ 25,000

- checkbox \$ 1,000,000 checkbox 2 Year benefit period checkbox \$ 2,000,000 checkbox 10 Year benefit period checkbox \$ 5,000,000 checkbox Lifetime benefit (available with \$ 1,000,000 only) Optional Catastrophic Cash Benefits checkbox \$ 500,000 (reduces \$ 5,000,000 AME to \$ 4,500,000)

School District Contact : _____ Phone: _____

Agent Name: _____

Agent Address: _____ Phone: _____



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E-mail: info@agadm.com www.agadministrators.com

Sports Census Questionnaire



School District Name: _____

Instructions: Please complete census and return to AG Administrators via E-mail. Please include four years of claim reports.

Sport	# of participating Males			# of participating Females		
	Elementary	Middle/JR School	High School	Elementary	Middle/JR School	High School
Baseball						
Basketball						
Bowling						
Cross Country						
Field Hockey						
Football						
Football Spring						
Gymnastics						
Ice Hockey						
Lacrosse						
Skiing						
Soccer						
Softball						
Swimming/Diving						
Tennis						
Track						
Volleyball						
Weightlifting/Conditioning						
Wrestling						
Student Managers/Trainers						
Band						
Cheerleaders						
Intramurals						
Extra Curricular Activities						
Other Sports:						

Total # males: _____ Total # females: _____ Total # athletes: _____
 Total band: _____ Total managers/ trainers: _____
 NAME: _____ TITLE: _____ PHONE: _____
 SIGNED: _____ DATE: _____