

REQUEST FOR K-12 STUDENT ACCIDENT AND/OR CATASTROPHIC ACCIDENT MEDICAL QUOTE

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.

Name of School or School District _____

Address _____
Street City State Zip

Email Address _____ Website _____

Contracting Official _____
Name Title Phone Fax

Current District Enrollment _____ Projected Enrollment _____

Dates of School Year
 First Day of Football _____ to _____
 _____ to _____

Anticipated Enrollment	Total Enrollment:	Number of Athletes (Non-Duplicated Counts)
Grades Pre K – K	_____	_____
Grades 1 – 8	_____	_____
Grades 9-12	_____	_____
Boarding Students	_____	_____

DESIRED STUDENT ACCIDENT MEDICAL PROGRAM | CHOOSE MANDATORY OR VOLUNTARY

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

- All Students School-Time:**
- All Students – No Interscholastic Sports
 - All Students – All Interscholastic Sports – No Interscholastic Tackle Football
 - All Students – All Interscholastic Sports – Includes Interscholastic Tackle Football

OR

- Sports Only Coverage (CENSUS MUST BE COMPLETED):**
- All Sports w/ Interscholastic Tackle Football*
 - Interscholastic Tackle Football Only*
 - All Interscholastic Sports – No Interscholastic Football*

Interscholastic means participating/competing with other schools. Gym class is included under School-Time.

* Sports Census: All * selections above must complete the census below. 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		

Additional Mandatory Coverages: District Band JROTC _____ # of students J.T.P.A _____ # of students
 Before/After School Care _____ # of students Volunteers _____ # of participants Summer Campers _____ # of campers

Voluntary Coverages – Only available with mandatory All Students School-Time or Sports Only Coverage. Covers only those who apply and have premium paid for. Parent Purchased. Voluntary Coverages are offered through web based enrollment.

- Optional School-Time:**
 - No Interscholastic Sports
 - All Interscholastic Sports – No Inter. Tackle Football
 - All Interscholastic Sports – Includes Interscholastic Tackle Football
- Optional 24-Hour:**
 - No Interscholastic Sports
 - All Interscholastic Sports – No Inter. Tackle Football
 - All Interscholastic Sports – Includes Interscholastic Tackle Football
- 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.

See Reverse Side For Additional Information

DESIRED CATASTROPHIC ACCIDENT MEDICAL PROGRAM

SEPARATE POLICY & PREMIUM

Maximum Benefit: \$5,000,000 **OR** \$1,000,000 **Benefits:** Allocated/Enhanced **OR** Medical Only
Coverage Period: Lifetime **OR** 10-Year

All students including interscholastic athletes, intramural sports participants (except intramural tackle football**), 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

All interscholastic athletes, cheerleaders, band members, majorettes, student coaches, student managers and student trainers. (The Sports Census on page 1 of this request must be completed.)
 Includes Interscholastic Tackle Football Excludes Interscholastic Tackle Football

All interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants (except intramural tackle football**), gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities. (The Sports Census on page 1 of this request must be completed.)
 Includes Interscholastic Tackle Football Excludes Interscholastic Tackle Football

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

**Does your intramural sports program include tackle football? Yes No

Previous Coverage Information: All Items * are Required Information. If not completed will cause delays in quoting.

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*	\$	\$	\$
Number of Claims Paid				Number of Claims Paid			
# Claims over \$5,000				# Claims over \$5,000			
Total \$ over \$5,000				Total \$ over \$5,000			
<input type="checkbox"/> Check here if no previous coverage.							
Insurance Carrier*				Insurance Carrier*			

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

Student Accident	Current Year	Last Year	Prior Year	Catastrophic Accident	Current Year	Last Year	Prior Year
Maximum Benefit*				Maximum Benefit*			
Deductible Amount*				Deductible Amount*			
Corridor or Reducing				Corridor or Reducing			
Benefit Period*				Benefit Period*			
Benefits Payable:*				Benefits Payable:*			
Excess/Primary Excess				Excess/Primary Excess			
Primary / Other				Primary / Other			
Accidental Death Benefit				Accidental Death Benefit			
Dismemberment Benefit				Dismemberment Benefit			
Expanded Medical (Y/N)				Other			

***Benefits: Please attach a copy of all Plans Schedules of Benefits and/or Coverages including all rates being charged.**

Agency Information

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

Date Quote Needed: _____ Please note that ASAP is not acceptable. A DATE is required in order to schedule properly.
 mm/dd/yr

Mail To: Special Markets Insurance Consultants, Inc.
 1055 Main Street, Suite 101
 Stevens Point, WI 54481

Fax To: (715) 344-6126
Email To: smic_information@amwins.com
Questions Call: (800) 727-7642