

## K-12 New Business Quote Request Form

Name of School/School District: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

County: \_\_\_\_\_ Phone : \_\_\_\_\_

(Please Complete the Following Based on Prior Year's Final Roster)

Estimated Number of Students: \_\_\_\_\_ Grades \_\_\_\_\_

Number of Sr. High Schools: \_\_\_\_\_ Enrollment: \_\_\_\_\_

Number of Jr. High Schools: \_\_\_\_\_ Enrollment: \_\_\_\_\_

Number of Football Players: \_\_\_\_\_ Junior High \_\_\_\_\_ Senior High \_\_\_\_\_

Number of High School Athletes (Excluding Football): \_\_\_\_\_

Junior High \_\_\_\_\_ Senior High \_\_\_\_\_

- Currently Insuring:    Base Coverage:    Compulsory (all students & athletes)
- All Jr. & Sr. High School Sports
  - Jr. & Sr. High School Football Only
  - Intramurals
  - Gym Classes
  - Non-Sport Extra Curricular Activities
  - Other
- Note: 100% Voluntary is available on line only
- Catastrophic Coverage:    All Students
- Sports Only

Plan Requested: \_\_\_\_\_

For accounts with existing coverage:

Current carrier: \_\_\_\_\_

Please include 3 years of loss runs and premium history, if available

Cases over \$25,000 require three years of premium and claims and a copy of the expiring benefits.

Quote needed by: \_\_\_\_\_ Standard Commission \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Current Broker?  Yes  No