

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