

## K-12 REQUEST FOR PROPOSAL

District/School Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Due date for Proposal: \_\_\_\_\_

**CURRENT INSURANCE:** In an effort to provide your district/school with the economical quote and lucrative benefits, Please complete the following to the best of your ability. Your current carrier should supply to information to you.

### STUDENT ACCIDENT (K-12)

Please provide copy of brochure and/or policy

Current Benefit Plan: \_\_\_\_\_ Carrier: \_\_\_\_\_

Plan is: Voluntary \_\_\_ Mandatory \_\_\_ ; Excess \_\_\_ Primary \_\_\_

Total # of Students: \_\_\_\_\_ Current Premium: Schooltime \_\_\_\_\_; 24-hour \_\_\_\_\_; Extended Dental \_\_\_\_\_

### STUDENT ATHLETIC – FULL EXCESS COVERAGE

Please provide copy of brochure and/or policy

Current Plan Accident Maximum \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Current Benefit Plan \_\_\_\_\_ Carrier: \_\_\_\_\_

### LAST THREE (3) YEARS PREMIUM AND CLAIMS EXPERIENCE

Year	Sports Premium	Actual Claims Paid	Voluntary Premium	Actual Claims Paid	“As Of” Date	Company Name
20__/20__	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
20__/20__	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
20__/20__	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____

### CATASTROPHIC COVERAGE

Company: \_\_\_\_\_ Annual Premium \$ \_\_\_\_\_

Coverage:  All Athletics Grades: \_\_\_\_\_  
 All Non-Sport Activities Grades: \_\_\_\_\_  
 Deductible \$ \_\_\_\_\_

Coverage:  
 All Students  All Sports, including football (Sr. & Jr.)  
 Band  Cheerleaders  
 Majorettes  Intramurals  
 Extracurricular  Gym Class  
 CASH BENEFIT?  \$500,000  \$1,000,000

### SPORTS PARTICIPATION

	High School	# of Participants	Junior High	# of Participants
Football	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Interscholastic Sports	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intramural or VoEd Classes	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Non-Sport Extracurricular Activities	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Including Band, Cheerleaders & Majorettes	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

### RETURN COMPLETED FORM TO

**Insurance for Students, Inc  
 600 Corporate Drive #101  
 Fort Lauderdale, FL 33334**

**Phone 800-356-1235 Fax 954-772-0872**