

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
5295 Town Center Road #101
Boca Raton, FL 33486

Phone 800-356-1235 · Fax 954-772-0872