

**BASIC INTERCOLLEGIATE/ATHLETIC ACCIDENT INSURANCE PROGRAM
 QUOTATION REQUEST FORM
 INTERCOLLEGIATE SPORTS ONLY**

NAME OF SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INFORMATION PROVIDED BY: _____ (_____) _____
Name Title Phone #

SPORTS SANCTIONING BODY: _____ DIVISION: _____

New Renewal

SPORT	NUMBER OF PARTICIPANTS			SPORT	NUMBER OF PARTICIPANTS		
	MEN	WOMEN	TOTAL		MEN	WOMEN	TOTAL
ARCHERY	_____	+ _____	= _____	RIFLE	_____	+ _____	= _____
BADMINTON	_____	+ _____	= _____	RODEO	_____	+ _____	= _____
BAND	_____	+ _____	= _____	ROWING/CREW	_____	+ _____	= _____
BASEBALL	_____	+ _____	= _____	RUGBY	_____	+ _____	= _____
BASKETBALL	_____	+ _____	= _____	SAILING	_____	+ _____	= _____
BOWLING	_____	+ _____	= _____	SKIING	_____	+ _____	= _____
BOXING	_____	+ _____	= _____	SOCCER	_____	+ _____	= _____
CHEERLEADING	_____	+ _____	= _____	SOFTBALL	_____	+ _____	= _____
CROSS COUNTRY	_____	+ _____	= _____	STUDENT MANAGERS	_____	+ _____	= _____
CYCLING	_____	+ _____	= _____	SQUASH	_____	+ _____	= _____
EQUESTRIAN	_____	+ _____	= _____	SWIM/DIVE	_____	+ _____	= _____
FENCING	_____	+ _____	= _____	TENNIS	_____	+ _____	= _____
FIELD HOCKEY	_____	+ _____	= _____	TRACK & FIELD	_____	+ _____	= _____
FOOTBALL, FALL	_____	+ _____	= _____	VOLLEYBALL	_____	+ _____	= _____
FOOTBALL, SPRING	_____	+ _____	= _____	WATER POLO	_____	+ _____	= _____
GOLF	_____	+ _____	= _____	WRESTLING	_____	+ _____	= _____
GYMNASTICS	_____	+ _____	= _____	OTHERS (LIST)	_____	+ _____	= _____
ICE HOCKEY	_____	+ _____	= _____	_____	_____	+ _____	= _____
KARATE/JUDO	_____	+ _____	= _____	_____	_____	+ _____	= _____
LACROSSE	_____	+ _____	= _____	_____	_____	+ _____	= _____
RACQUETBALL	_____	+ _____	= _____	_____	_____	+ _____	= _____

TOTAL # OF PARTICIPANTS = _____

DECISION CRITERIA

Please indicate your decision criteria for the intercollegiate sports plan. Rate the following (1-6):

- Price _____
- Claims Handling _____
- Company Rating/Financial Stability _____
- Local Representation _____
- Service _____
- Other: _____

Please briefly explain your decision criteria: _____

POLICY EFFECTIVE DATE: ____/____/____

PROPOSAL RENEWAL DATE: ____/____/____

PREVIOUS INSURANCE INFORMATION: Please provide copies of claim reports from your prior insurance carrier(s).

	2001/2002	2002/2003	2003/2004	2004/2005
Name of Insurer	_____	_____	_____	_____
Maximum Medical Coverage	\$ _____	\$ _____	\$ _____	_____
Excess or Primary	_____	_____	_____	_____
Deductible Amount	\$ _____	\$ _____	\$ _____	_____
Full Coverage for Pre-Existing Conditions	Yes/No	Yes/No	Yes/No	Yes/No
Full Coverage for HMO/PPO Denials	Yes/No	Yes/No	Yes/No	Yes/No
Heart Circulatory Benefit	Yes/No	Yes/No	Yes/No	Yes/No
Extended Claims Service	Yes/No	Yes/No	Yes/No	Yes/No
Expanded Medical Benefit	Yes/No	Yes/No	Yes/No	Yes/No
Guest/Recruit Coverage	Yes/No	Yes/No	Yes/No	Yes/No
Benefit Period Limit	_____	_____	_____	_____
Accidental Death Maximum Limit	\$ _____	\$ _____	\$ _____	_____
Premium Amount	\$ _____	\$ _____	\$ _____	_____
Number of Claims Paid	_____	_____	_____	_____
Benefits Paid: Amount	\$ _____	\$ _____	\$ _____	_____
Through (Date)	_____	_____	_____	_____
	(Mo/Yr)	(Mo/Yr)	(Mo/Yr)	(Mo/Yr)

RISK MANAGEMENT INFORMATION:

Certified Athletic Trainer(s) on staff? Yes No

If yes, for which sports is trainer responsible? _____

Team Physician: On Staff On Retainer Other (please describe) _____

Physician's Specialty: _____

Board Certified? Yes No

Does the Athletic Department or Coaching Staff routinely:

Obtain information about athlete's other insurance coverage? Yes No

Require pre-participation physical examination? Yes No

If yes, for which sports? _____

Type of Institution? Public Private

Type of surface where activities take place? Artificial Grass

What other activities take place on this surface? _____

Does your institution have a medical school which provides care at no cost to the athletes? Yes No

What percentage of your student athletes have primary medical coverage? _____

GENERAL QUESTIONS:

1. What do you like best about your present sports plan and insurance carrier? _____
2. If there was anything you could change about the plan or insurance company, what change(s) would you make? _____
3. What is the administration's policy for student athletes? Are student athletes required to have medical coverage to participate in any athletic event(s)? _____
4. Please explain any other important issues you wish to discuss. _____

This is not an offer of coverage nor an application for insurance. Requests for coverage will be subject to company underwriting standards. Actual coverage terms will be described in a policy of insurance if one is issued.

Please fax both sides of this form to **Renaissance Agencies, Inc.** at (310) 394-0142 or mail to our offices at the address on the front of this form.