

# REQUEST FOR K-12 STUDENT ACCIDENT AND/OR CATASTROPHIC ACCIDENT MEDICAL QUOTE

The purpose of this form is to obtain information necessary to provide a quote. Completion of this form is not an application for coverage. Coverage cannot be bound by submitting this form.

Name of School or School District \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Contracting Official \_\_\_\_\_  
Name Title Phone Fax

Current District Enrollment \_\_\_\_\_ Projected Enrollment \_\_\_\_\_

**Dates of School Year**  
 First Day of Football \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_

|                               |                          |                           |
|-------------------------------|--------------------------|---------------------------|
| <b>Anticipated Enrollment</b> | <b>Total Enrollment:</b> | <b>Number of Athletes</b> |
| Grades Pre K – K              | _____                    | _____                     |
| Grades 1 – 8                  | _____                    | _____                     |
| Grades 9-12                   | _____                    | _____                     |
| Boarding Students             | _____                    | _____                     |

## DESIRED STUDENT ACCIDENT MEDICAL PROGRAM | CHOOSE MANDATORY OR VOLUNTARY

**Mandatory Coverages** – Covers All Students and/or All Athletics. School Purchased

- All Students School-Time:**
- All Students – No Interscholastic Sports
  - All Students – All Interscholastic Sports – No Interscholastic Tackle Football
  - All Students – All Interscholastic Sports – Includes Interscholastic Tackle Football

OR

- Sports Only Coverage (CENSUS MUST BE COMPLETED):**
- All Sports w/ Interscholastic Tackle Football\*
  - Interscholastic Tackle Football Only\*
  - All Interscholastic Sports – No Interscholastic Football\*

*Interscholastic means participating/competing with other schools. Gym class is included under School-Time.*

**\* Sports Census: All \* selections above must complete the census below. Activities must be school sponsored and supervised.**

| Activity         | # Sr. High | # Jr. High | Activity             | # Sr. High | # Jr. High | Activity   | # Sr. High | # Jr. High |
|------------------|------------|------------|----------------------|------------|------------|------------|------------|------------|
| Band             |            |            | Football-Jr. Varsity |            |            | Track      |            |            |
| Baseball         |            |            | Football-Freshman    |            |            | Volleyball |            |            |
| Basketball       |            |            | Golf                 |            |            | Wrestling  |            |            |
| Cheerleaders     |            |            | Pep Squad            |            |            | Drama      |            |            |
| Cross Country    |            |            | Soccer               |            |            | Journalism |            |            |
| Drill Team       |            |            | Softball             |            |            | Math       |            |            |
| Flag Corps       |            |            | Swimming             |            |            | Music      |            |            |
| Football-Varsity |            |            | Tennis               |            |            | Other      |            |            |

**Additional Mandatory Coverages:**  District Band  JROTC \_\_\_\_\_ # of students  J.T.P.A \_\_\_\_\_ # of students  
 Before/After School Care \_\_\_\_\_ # of students  Volunteers \_\_\_\_\_ # of participants  Summer Campers \_\_\_\_\_ # of campers

**Voluntary Only Coverages** - Covers only those who apply and have premium paid for. Parent Purchased. Most Voluntary Only Coverages are offered through web based enrollment. Voluntary Coverage Only coverage is not available to non-public schools.

- Optional School-Time:**
  - No Interscholastic Sports
  - All Interscholastic Sports – No Inter. Tackle Football
  - All Interscholastic Sports – Includes Interscholastic Tackle Football
- Optional 24-Hour:**
  - No Interscholastic Sports
  - All Interscholastic Sports – No Inter. Tackle Football
  - All Interscholastic Sports – Includes Interscholastic Tackle Football
- Optional Interscholastic Football:** Covers Accidents occurring while participating in high school interscholastic tackle football practice or competition.
- Optional 24-Hour Dental:** Insurance coverage is in effect 24-Hours a day.

**See Reverse Side For Additional Information**

**DESIRED CATASTROPHIC ACCIDENT MEDICAL PROGRAM**

**SEPARATE POLICY & PREMIUM**

**Maximum Benefit:**  \$5,000,000 **OR**  \$1,000,000

**Benefits:**  Allocated/Enhanced **OR**  Medical Only

**Coverage Period:**  Lifetime **OR**  10-Year

**All students** including **interscholastic athletes, intramural sports participants** (except intramural tackle football\*\*), student coaches, student managers and student trainers. *(Includes coverage for cheerleaders, band members, majorettes and gym class.)*

Includes Interscholastic Tackle Football

Excludes Interscholastic Tackle Football

All interscholastic **athletes**, cheerleaders, band members, majorettes, student coaches, student managers and student trainers. *(The Sports Census on page 1 of this request must be completed.)*

Includes Interscholastic Tackle Football

Excludes Interscholastic Tackle Football

All interscholastic **athletes**, cheerleaders, band members, majorettes, intramural sports participants (except intramural tackle football\*\*), gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities. *(The Sports Census on page 1 of this request must be completed.)*

Includes Interscholastic Tackle Football

Excludes Interscholastic Tackle Football

**All students** and **intramural sports participants** (except intramural tackle football\*\*), excluding coverage for interscholastic athletes. *(Includes gym class participants and excludes cheerleaders, band members, majorettes, student coaches, student managers and student trainers.)*

\*\*Does your intramural sports program include tackle football?  Yes  No

**Previous Coverage Information: All Items \* are Required Information. If not completed will cause delays in quoting.**

| Student Accident  | Current Year | Last Year | Prior Year | Catastrophic Accident | Current Year | Last Year | Prior Year |
|---|--------------|-----------|------------|-----------------------|--------------|-----------|------------|
| Premium*  | \$           | \$        | \$         | Premium*              | \$           | \$        | \$         |
| Claims*   | \$           | \$        | \$         | Claims*               | \$           | \$        | \$         |
| Paid thru Date*   | \$           | \$        | \$         | Paid thru Date*       | \$           | \$        | \$         |
| Number of Claims Paid   |              |           |            | Number of Claims Paid |              |           |            |
| # Claims over \$5,000   |              |           |            | # Claims over \$5,000 |              |           |            |
| Total \$ over \$5,000   |              |           |            | Total \$ over \$5,000 |              |           |            |
| <input type="checkbox"/> Check here if no previous coverage.                                    |              |           |            |                       |              |           |            |
| Insurance Carrier*  |              |           |            | Insurance Carrier*    |              |           |            |
| <b>*Claims: Please attach a copy of the insurance carrier(s) loss runs for the above years.</b> |              |           |            |                       |              |           |            |

| Student Accident  | Current Year | Last Year | Prior Year | Catastrophic Accident    | Current Year | Last Year | Prior Year |
|---|--------------|-----------|------------|--------------------------|--------------|-----------|------------|
| Maximum Benefit*  |              |           |            | Maximum Benefit*         |              |           |            |
| Deductible Amount*  |              |           |            | Deductible Amount*       |              |           |            |
| Corridor or Reducing  |              |           |            | Corridor or Reducing     |              |           |            |
| Benefit Period*   |              |           |            | Benefit Period*          |              |           |            |
| Benefits Payable:*  |              |           |            | Benefits Payable:*       |              |           |            |
| Excess/Primary Excess   |              |           |            | Excess/Primary Excess    |              |           |            |
| Primary / Other   |              |           |            | Primary / Other          |              |           |            |
| Accidental Death Benefit  |              |           |            | Accidental Death Benefit |              |           |            |
| Dismemberment Benefit   |              |           |            | Dismemberment Benefit    |              |           |            |
| Expanded Medical (Y/N)  |              |           |            | Other                    |              |           |            |
| <b>*Benefits: Please attach a copy of all Plans Schedules of Benefits and/or Coverages including all rates being charged.</b> |              |           |            |                          |              |           |            |

**Agency Information**

|                |             |
|----------------|-------------|
| Agent Name     | Agency Name |
| Agency Address | Agency City |
| Agency State   | Agency Zip  |
| Phone Number   | Fax Number  |
| Email Address  | Website     |

**Date Quote Needed:** \_\_\_\_\_ Please note that ASAP is not acceptable. A DATE is required in order to schedule properly.  
mm/dd/yr

**Mail To:** Special Markets Insurance Consultants, Inc.  
1265 Main Street, Suite 202  
Stevens Point, WI 54481

**Fax To:** (715) 344-6126  
**Email To:** [smic\\_information@amwins.com](mailto:smic_information@amwins.com)  
**Questions Call:** (800) 727-7642