



**Group Basic Accident Medical Program
Quotation Request Form**

Name of Institution: _____ Division: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

PART A - COVERED PARTICIPANTS:

SPORTS	MEN	WOMEN	SPORTS	MEN	WOMEN
BADMINTON			RUGBY		
BAND			SAILING		
BASEBALL			SKIING		
BASKETBALL			SOCCER		
CHEERLEADING			SOFTBALL		
CROSS COUNTRY RUNNING			STUDENT COACHES		
CROSS COUNTRY SKIING			STUDENT MANAGERS		
DANCE TEAM			STUDENT TRAINERS		
DRILL TEAM			SWIMMING/DIVING		
EQUESTRIAN			TENNIS		
FENCING			TRACK & FIELD (INDOOR)		
FIELD HOCKEY			TRACK & FIELD (OUTDOOR)		
FOOTBALL (FALL)			VOLLEYBALL		
FOOTBALL (SPRING)			WATER SKIING		
GOLF			WATER POLO		
GYMNASTICS			WEIGHT LIFTING		
ICE HOCKEY			WRESTLING		
LACROSSE			OTHER (LIST BELOW)		
MASCOTS					
RIFLERY					
RODEO					
ROWING/CREW					
			TOTALS		

PART B - PREVIOUS INSURANCE INFORMATION

BENEFITS	4 YEARS PREVIOUS	3 YEARS PREVIOUS	2 YEARS PREVIOUS	1 YEAR PREVIOUS	CURRENT YEAR
Medical Maximum Limit					
Excess or Primary					
Deductible: <input type="text"/> Reducing or <input type="text"/> Corridor					
Benefit Period (weeks)					
Accidental Death & Dismemberment Benefit					
Coverage for overuse injuries/conditions (Y/N)					
Coverage for HMO/PPO denials (Y/N)					
Coverage for re-injury/re-aggravation (Y/N)					
Coverage for Heart & Circulatory (Y/N)					
Insurance Carrier					
PREMIUM					
CLAIMS HISTORY **					
Number of Claims Paid					
Total Amount of Claims Paid					
As of (mm/dd/yyyy)					
Number of Claims exceeding \$25,000					

****PLEASE ATTACH CARRIER LOSS REPORTS FOR ALL YEARS DATED NO EARLIER THAN 3/1 OF THE CURRENT YEAR**

Does your institution have formal written agreements in place with preferred medical providers? Yes No

Is primary insurance required as a condition of participation? Yes No

PART C - OPTIONS

Deductible:
 \$0 \$250 \$500 \$1,000 \$1,500
 \$2,500 \$5,000 Other Other Other

Accidental Death & Dismemberment Benefit:
 Included \$10,000 \$25,000 \$50,000 \$100,000

Coverage for overuse injuries/conditions: Yes No
 Coverage for HMO/PPO denials: Yes No
 Coverage for re-injury/re-aggravation: Yes No
 Coverage for heart & circulatory (AD&D): Yes No

Would you like to see an additional quote for:
 Expanded cheerleading coverage? Yes No
 Deductible administration or aggregate plan? Yes No

QUOTE NEEDED BY:

Please return this completed form to the office listed below:

Specialty Insurance Solutions, Inc.
 16201 W. 95th Street, Ste. 210
 Lenexa, KS 66219
 Phone: 877-974-7462
 Fax: 913-428-8444

