

CATASTROPHIC INSURANCE COVERAGE QUESTIONNAIRE

In order to present you with a proposal for your Catastrophic accident insurance for the coming year, we will need some information. Please fill out this form, return it to me, and we will have a firm fixed price proposal on this fine plan to you in a few days.

Name of School (District) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Administrator responsible for Ins. _____

Grades included in School (District) _____ Number of High Schools (District) _____

Do you insure all Students with Catastrophic coverage? Yes ___ NO ___ Number of Students _____

Medical Limit Required \$5,000,000 _____ (other)

Catastrophic Cash Required NONE \$500,000 \$1,000,000

Deductible Required \$25,000 \$50,000 \$100,000 \$1,000,000

Please fill in below the number of participants during the current year, in the high school interscholastic sports sponsored by your school (district). If you have tackle football on a level below the high school freshman level, include that in the "other" column.

NOTE: If you insure ALL students, you need not fill out the form below.

SPORT	NUMBER	SPORT	NUMBER
BASEBALL		RIFLE	
BASKETBALL		SKIING	
BOWLING		SOCCER	
CROSS COUNTRY		SOFTBALL	
FENCING		SWIMMING	
FIELD HOCKEY		TENNIS	
FOOTBALL		TRACK	
GYMNASTICS		VOLLEYBALL	
GOLF		WEIGHTLIFTING	
ICE HOCKEY		WRESTLING	
LACROSSE		OTHER	

We will be most happy to coordinate the program through your local agent or broker. If you wish to work with the broker, please provide the information below.

NAME OF AGENT OR BROKER _____
 CONTACT _____ PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

fax (732) 583.9610



Got You Covered

p.o. box 511 76 main street matawan, nj 07747 phone (800) 443.3126