fax (732) 583.9610

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 (Distri	ict)			
Adress				
City	State	Zip	Phone	
Administrator respons	ible for Ins	- 10		
Grades included in Set	nool (District)		_Number of High Sch	ools (District)
Do you insure all Stude Students	ents with Catast	rophic coverage	? Yes NO N	umber of
Medical Limit Require	ed S5,000,00	0		(other)
Catastrophie Cash Rec	quired NO	NE S500	0,000	0
Deductible Required	\$25,000	S50,	000	S1,000,000
Please fill in below the interscholastic sports s the high school freshm NOTE: If you insure A	ponsored by you an level, include	ir school (district that in the "oth	ct). If you have tackle ler" column.	e nigh school football on a level below
SPORT	NUM	BER	SPORT	NUMBER
BASEBALL	0.000		FLE	
BASKETBALL.			CHNG	
BOWLING		1 5000	OCCER	
CROSS COUNTRY			DETBALL	
FENCING		SI	VIMMING	
FIELD HOCKEY		TI	ENNIS	
OOTBALL		Ti	RACK	
SYMNASTICS			OLLEYBALL	
OLF		W	EIGHTLIFTING	
CE HOCKEY		W	RESTLING	
LACROSSE		0.	THER	
work with the broker, NAME OF AGENT O	please provide t			or broker. If you wish to
BROKER				
			1012	
CONTACTADDRESS			PHONE_ ITY STATE	ZIP

