

COLLEGE ATHLETIC ACCIDENT INSURANCE QUESTIONNAIRE

In order to present you with a proper proposal for your athletic 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 College or University _____

Address _____

City _____ State _____ Zip _____ Phone _____

Administrator responsible for Sports Accident Ins. _____

Current Carrier (Administrator) _____

	Company	Policy Year	Premium	Deductible	Losses Paid
Premium & Losses for the last 5 years	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

(Please also include updated hard copy loss runs)

Would you consider other deductible options other than those above? YES NO

Please fill in below the number of participants during the current year, in the intercollegiate sports program sponsored by your college.

SPORT	MALE	FEMALE	SPORT	MALE	FEMALE
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 _____

We can also provide coverage for intramural and club sport activities, and accident and liability insurance for any CAMPS sponsored by the college or any of the athletic department personnel.



Got You Covered