



ATHLETIC ACCIDENT MEDICAL INSURANCE
 QUOTATION REQUEST FORM

NAME OF INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ TITLE _____

PHONE _____ FAX _____

PART A – COVERED PARTICIPANTS

SPORTS	MEN	+	WOMEN	=	TOTAL
BAND	_____		_____		_____
BASEBALL	_____		_____		_____
BASKETBALL	_____		_____		_____
CHEERLEADING	_____		_____		_____
CROSS COUNTRY	_____		_____		_____
DRILL TEAM	_____		_____		_____
FIELD HOCKEY	_____		_____		_____
FOOTBALL (FALL)	_____		_____		_____
FOOTBALL (SPRING)	_____		_____		_____
GOLF	_____		_____		_____
GYMNASTICS	_____		_____		_____
ICE HOCKEY	_____		_____		_____
LACROSSE	_____		_____		_____
RODEO	_____		_____		_____
ROWING/CREW	_____		_____		_____
RUGBY	_____		_____		_____
SKIING	_____		_____		_____
SOCCER	_____		_____		_____
SOFTBALL	_____		_____		_____
STUDENT MANAGERS	_____		_____		_____
STUDENT TRAINERS	_____		_____		_____
SWIMMING/DIVING	_____		_____		_____
TENNIS	_____		_____		_____
TRACK & FIELD	_____		_____		_____
VOLLEYBALL	_____		_____		_____
WATER POLO	_____		_____		_____
WRESTLING	_____		_____		_____
OTHER (LIST)	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
TOTALS	_____		_____		_____

PART B – AFFILIATION

NCAA I NCAA II NCAA III NAIA NJCAA OTHER _____

PART C – PREVIOUS INSURANCE INFORMATION

Begin with most recent insurance information

BENEFITS

Medical Maximum Limit
 Excess or Primary
 Deductible
 Benefit Period
 Accident Death Benefit
 Coverage for overuse injuries/conditions
 Coverage for HMO/PPO denials
 Coverage for re-injury/re-aggravation
 Insurance Carrier

Current year	Previous year	Previous year	Previous year

PREMIUM

Basic
 Catastrophic

CLAIMS HISTORY**

Number of Claims Paid
 Total Amount of Claims Paid
 As of (Month/Year)

**PLEASE ATTACH CARRIER LOSS REPORTS FOR ALL YEARS DATED NO EARLIER THAN 12/31 of the current year.

PART D – OPTIONS

Deductible: \$0.00 \$250.00 \$500.00 \$1,000.00 Other \$ _____ Other \$ _____

Coverage for overuse injuries/conditions: Yes No

Coverage for HMO/PPO denials: Yes No

Coverage for re-injury/re-aggravation: Yes No

Accidental Death & Dismemberment Benefit: \$ _____

Quote for Catastrophic Coverage: Yes No

QUOTE NEEDED BY: _____

RETURN THIS COMPLETED FORM TO:



KSI Consulting
 7742 Spalding Drive # 351
 Norcross, GA 30092
 Phone: 770-310-1181
 Fax: 770-242-6252