



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

|  | Current year | Previous year | Previous year | Previous year |
|--|--------------|---------------|---------------|---------------|
| <b>BENEFITS</b>                          |              |               |               |               |
| 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                        |              |               |               |               |
| <b>PREMIUM</b>                           |              |               |               |               |
| Basic                                    |              |               |               |               |
| Catastrophic                             |              |               |               |               |
| <b>CLAIMS HISTORY**</b>                  |              |               |               |               |
| 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

What percentage of your student athletes have primary medical coverage that applies to sports-related accidents?

\_\_\_\_\_

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