



# KSI CONSULTING, LLC

*"The Specialty Insurance Professionals"*

## Group Basic Accident Medical Program Quotation Request Form

Name of Institution: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PART A - COVERED PARTICIPANTS:

SPORTS	MEN	WOMEN	SPORTS	MEN	WOMEN
BADMINTON			RUGBY		
BAND			SAILING		
BASEBALL			SKIING		
BASKETBALL			SOCCER		
CHEERLEADING			SOFTBALL		
CROSS COUNTRY RUNNING			STUDENT COACHES		
CROSS COUNTRY SKIING			STUDENT MANAGERS		
DANCE TEAM			STUDENT TRAINERS		
DRILL TEAM			SWIMMING/DIVING		
EQUESTRIAN			TENNIS		
FENCING			TRACK & FIELD (INDOOR)		
FIELD HOCKEY			TRACK & FIELD (OUTDOOR)		
FOOTBALL (FALL)			VOLLEYBALL		
FOOTBALL (SPRING)			WATER SKIING		
GOLF			WATER POLO		
GYMNASTICS			WEIGHT LIFTING		
ICE HOCKEY			WRESTLING		
LACROSSE			<b>OTHER (LIST BELOW)</b>		
MASCOTS					
RIFLERY					
RODEO					
ROWING/CREW					
			<b>TOTALS</b>		

**PART B - PREVIOUS INSURANCE INFORMATION**

<b>BENEFITS</b>	<b>4 YEARS PREVIOUS</b>	<b>3 YEARS PREVIOUS</b>	<b>2 YEARS PREVIOUS</b>	<b>1 YEAR PREVIOUS</b>	<b>CURRENT YEAR</b>
Medical Maximum Limit					
Excess or Primary					
Deductible: <input type="text"/> Reducing or <input type="text"/> Corridor					
Benefit Period (weeks)					
Accidental Death & Dismemberment Benefit					
Coverage for overuse injuries/conditions (Y/N)					
Coverage for HMO/PPO denials (Y/N)					
Coverage for re-injury/re-aggravation (Y/N)					
Coverage for Heart & Circulatory (Y/N)					
Insurance Carrier					
<b>PREMIUM</b>					
<b>CLAIMS HISTORY **</b>					
Number of Claims Paid					
Total Amount of Claims Paid					
As of (mm/dd/yyyy)					
Number of Claims exceeding \$25,000					

**\*\*PLEASE ATTACH CARRIER LOSS REPORTS FOR ALL YEARS DATED NO EARLIER THAN 3/31 OF THE CURRENT YEAR**

Does your institution have formal written agreements in place with preferred medical providers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is primary insurance required as a condition of participation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PART C - OPTIONS**

Deductible:

\_\_\_\_\_ \$0      \_\_\_\_\_ \$250      \_\_\_\_\_ \$500      \_\_\_\_\_ \$1,000      \_\_\_\_\_ \$1,500

\_\_\_\_\_ \$2,500      \_\_\_\_\_ \$5,000      Other \_\_\_\_\_      Other \_\_\_\_\_      Other \_\_\_\_\_

Accidental Death & Dismemberment Benefit:

Included \_\_\_\_\_ \$10,000      \_\_\_\_\_ \$25,000      \_\_\_\_\_ \$50,000      \_\_\_\_\_ \$100,000

Coverage for overuse injuries/conditions: \_\_\_\_\_ Yes \_\_\_\_\_ No

Coverage for HMO/PPO denials: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Coverage for heart & circulatory (AD&D): \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to see an additional quote for:

Expanded cheerleading coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Deductible administration or aggregate plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

**QUOTE NEEDED BY:** \_\_\_\_\_

Please return this completed form to the office of your choice listed below:

**KSI Consulting LLC**  
 4701 Shore Drive #103-423  
 Virginia Beach, VA  
 Phone: 770-310-1181  
 Fax: 888-392-7719