

STUDENT ACCIDENT INSURANCE QUOTE REQUEST FORM

School Name: _____ School Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Agent Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: _____

1. Do you currently have a Student Accident Program? Yes No
(If Yes, please provide a copy of your current policy's schedule page.)

2. Do you have Interscholastic Football? Yes No

3. Estimated Number of Students:

Grades	Student Enrollment
Pre-K - 8	_____
9 - 12	_____

4. Is this a Boarding School? Yes No

5. Previous Experience:

	Current Year	20____	20____	20____	20____
Premium					
Paid Claims					
As of Date					
Insurance Carrier					

Request for Quote:

Please provide a Student Accident Insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate

Signed: _____ Title: _____ Date: _____

Please return form to: The Allen J. Flood Companies, 2 Madison Ave., Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326 • Fax: 1-914-834-9330