

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. Does the school have a Voluntary Student Accident policy? Yes No

(If yes, please provide a copy of the expiring policy)

2. Does the school have an Interscholastic Sports Accident policy? Yes No

(If yes, please provide a copy of the expiring policy)

3. Does the school have a Catastrophic Sports policy? Yes No

(If yes, please provide a copy of the expiring policy)

4. Does the school sponsor an Interscholastic Tackle Football team? Yes No

5. Estimated number of enrolled students

Grades Enrollment

Pre-k to 8: _____

9-12: _____

6. Prior Premium & Claims Experience

For each of the policies held by the school, as identified in questions 1, 2 and 3 above, please provide a paid claims loss run for the most recent four policy years beginning with the current policy year.

The report should be current for each year. Please also provide the following premium information:

Policy Type Current Year Premium Paid/Collected

Student Accident _____

Interscholastic Sports _____

Catastrophic Sports _____

7. For Reporting Purposes only:

Is the General Liability coverage being placed with Philadelphia Insurance Companies? Yes No

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**