



First Agency  
 5071 West H Ave.  
 Kalamazoo, MI 49009  
 Phone: 269-381-6630  
 Fax: 269-341-4614  
 E-Mail: 1stagency@1stagency.com

## K-12 COVERAGE REQUEST FOR QUOTE

### BLANKET STUDENT AND/OR ATHLETIC ACCIDENT COVERAGE

Name of School District: \_\_\_\_\_

Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Information Provided By: \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

Current Coverage:  Mandatory for all Students and Athletes       Mandatory for all Athletes Only       Mandatory for all Students Only (no sports)

Deductible \$ \_\_\_\_\_ Medical Maximum \$ \_\_\_\_\_

# of High Schools: \_\_\_\_\_ Grades \_\_\_\_\_ H.S. Enrollment: \_\_\_\_\_  
 # of Middle Schools: \_\_\_\_\_ Grades \_\_\_\_\_ M.S. Enrollment: \_\_\_\_\_  
 # of Elem. Schools: \_\_\_\_\_ Grades \_\_\_\_\_ Elem. School Enrollment: \_\_\_\_\_  
 Total K-12 Enrollment: \_\_\_\_\_

Claim History:	SCHOOL YEAR	PREMIUM PAID	CLAIMS PAID (*)
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

**(\*) Please attach carrier loss reports for all years dated**

Please indicate which plan(s) you desire quoted: (\*)

- Mandatory for all students and athletes
- Mandatory for all athletes only
- Mandatory for all students only (no sports)
- Other (i.e. deductible, etc.) \_\_\_\_\_

**(\*) Please provide copy of current scheduled benefits page**

Special Instructions: \_\_\_\_\_

Date Quote Needed: \_\_\_\_\_

Continued on back

**COVERED PARTICIPANTS**

**HIGH SCHOOL**

**JUNIOR HIGH**

**SPORTS**

MALE

FEMALE

MALE

FEMALE

BASEBALL .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASKETBALL .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOWLING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEERLEADERS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CROSS-COUNTRY .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUESTRIAN .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FENCING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIELD HOCKEY .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL (FALL) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTBALL (SPRING) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOLF .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GYMNASTICS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICE HOCKEY .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LACROSSE .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POM PONS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIFLERY .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROWING/CREW .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAILING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCCER .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFTBALL .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT MANAGERS/TRAINERS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING/DIVING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TENNIS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACK AND FIELD (OUTDOOR) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACK AND FIELD (INDOOR) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOLLEYBALL .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER POLO .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRESTLING .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (LIST) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Return this completed form to:** *First Agency.*  
*5071 West H Avenue*  
*Kalamazoo, MI 49009-8501*  
*Phone: 269-381-6630*  
*Fax: 269-341-4614*  
*E-Mail: IstAgency@IstAgency.com*