



# K-12 COVERAGE INFORMATION REQUEST FORM

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

Contact Name/Title: \_\_\_\_\_

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

Phone #: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Present Insurance Company: \_\_\_\_\_

- Current Coverage:
- Mandatory for all Students and Athletes
  - Mandatory for all Athletes Only
  - Mandatory for all Students Only (no sports)
  - Voluntary for all Students and/or Athletes
  - Catastrophic

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

Please provide the following information:

SCHOOL YEAR	PREMIUM PAID	CLAIMS PAID
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

K-12 Enrollment: \_\_\_\_\_ # of High Schools: \_\_\_\_\_ # of Junior Highs: \_\_\_\_\_

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)
- Voluntary for all students and/or athletes
- Catastrophic
- Other (i.e. deductible, etc.) \_\_\_\_\_

Date needed: \_\_\_\_\_