

PHLY Marketing Representative:

**REQUEST FOR STUDENT ACCIDENT & CATASTROPHIC MEDICAL PROPOSAL
2010 - 2011 School Year**

Name of School or School District _____

Address _____
Street City State Zip

Email Address _____ Website: _____

Contracting Official _____
Name Title Phone Fax

2009-10 District Enrollment _____ 2010-11 Projected Enrollment _____

Dates of School Year: _____ to _____
 First Day of Football: _____ to _____

Anticipated Enrollment	Total Enrollment:	Number of Athletes
Grades Pre K – K	_____	_____
Grades 1 – 8	_____	_____
Grades 9-12	_____	_____
Boarding Students	_____	_____

Desired Student Accident Program Choose either All Students School Time or Sports Only Coverage

- All Students School Time:**
 - All Students –No Sports
 - All Students – All Sports –No Interscholastic Tackle Football*
 - All Students –All Sports – Includes Interscholastic Tackle Football*
- Sports Only Coverage:**
 - All Sports w/ Interscholastic Tackle Football*
 - Interscholastic Tackle Football Only*
 - All Sports – No Interscholastic Football*

- Additional Coverages:**
- Overnight Field Trips
 - District Band
 - JROTC
 - J.T.P.A
 - Before/After School Care
 - Volunteers

Desired Catastrophic Accident Program

Maximum Benefit: \$5,000,000 **OR** \$1,000,000 **Benefits:** Allocated **OR** Medical Only
Coverage Period: Lifetime **OR** 10-Year

- All students**, interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers and student trainers.
 - Includes Interscholastic Tackle Football*
 - Excludes Interscholastic Tackle Football*
- All interscholastic **athletes**, cheerleaders, band members, majorettes, student coaches, student managers and student trainers.
 - Includes Interscholastic Tackle Football*
 - Excludes Interscholastic Tackle Football*
- All interscholastic **athletes**, cheerleaders, band members, majorettes, **intramural** sports participants, **gym class** participants, student coaches, student managers and student trainers.
 - Includes Interscholastic Tackle Football*
 - Excludes Interscholastic Tackle Football*
- All students** and gym class participants. **Not eligible** for coverage are interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, student coaches, student managers and student trainers

***Census: All * selections above must complete the census below. Activities must be school sponsored and supervised.**

Activity	# Sr. High	# Jr. High	Activity	# Sr. High	# Jr. High	Activity	# Sr. High	# Jr. High
Band			Football-Jr. Varsity			Track		
Baseball			Football-Freshman			Volleyball		
Basketball			Golf			Wrestling		
Cheerleaders			Pep Squad			Drama		
Cross Country			Soccer			Journalism		
Drill Team			Softball			Math		
Flag Corps			Swimming			Music		
Football-Varsity			Tennis			Other		

Previous Coverage Information: All Items * are Required Information. If not completed will cause delays in quoting.

Student Accident	2009-10	2008-09	2007-08	Catastrophic Accident	2009-10	2008-09	2007-08
Premium*				Premium*			
Claims*				Claims*			
Paid thru Date*				Paid thru Date*			
Number of Claims Paid				Number of Claims Paid			
# Claims over \$5,000				# Claims over \$5,000			
Total \$ over \$5,000				Total \$ over \$5,000			
Insurance Carrier*				Insurance Carrier*			

For Reporting Purposes only:

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

Benefits: Please attach a copy of all Plans Schedules of Benefits and/or Coverages including all rates being charged.

Student Accident	2009-10	2008-09	2007-08	Catastrophic Accident	2009-10	2008-09	2007-08
Maximum Benefit*				Maximum Benefit*			
Deductible Amount*				Deductible Amount*			
Corridor or Reducing				Corridor or Reducing			
Benefit Period*				Benefit Period*			
Benefits Payable:*				Benefits Payable:*			
Excess/Primary Excess				Excess/Primary Excess			
Primary / Other				Primary / Other			
Accidental Death Benefit				Accidental Death Benefit			
Dismemberment Benefit				Dismemberment Benefit			
Expanded Medical (Y/N)				Other:			

Agency Information

Agent Name		Agency Name	
Agency Address		Agency City	
Agency State		Agency Zip	
Phone Number		Fax Number	
Email Address		Website	

Date Quote Needed: _____ .
mm/dd/yr

Please note that ASAP is not acceptable. A DATE is required in order to schedule properly.

Mail To: Special Markets Insurance Consultants, Inc.
2615 Post Road
Stevens Point, WI 54481

Fax To: (715) 344-6126
Email To: information@specialmarkets.com
Questions Call: (800) 727-7642

FOR OFFICE USE ONLY

Quoted by: _____ Date Quoted: _____ Entered in Quote System _____
 Commission: Agent: _____ SMIC: _____ Carrier: _____
 Options Quoted: _____
 Comments: _____

