



**Special Markets Insurance
Consultants, Inc.**

INTERCOLLEGIATE SPORTS CENSUS

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Contact: _____ Phone Number: _____

E-mail address: _____

SPORTS TO BE INSURED

Provide number of athletes in each sport listed:

	Males	Females		Males	Females
Baseball	_____	_____	Rugby	_____	_____
Basketball	_____	_____	Skiing	_____	_____
Bowling	_____	_____	Soccer	_____	_____
Boxing	_____	_____	Swimming	_____	_____
Cheerleading	_____	_____	Tennis	_____	_____
Cross Country	_____	_____	Track/Field	_____	_____
Field Hockey	_____	_____	Volleyball	_____	_____
Football (Fall)	_____	_____	Water Polo	_____	_____
Football (Spring)	_____	_____	Weightlifting	_____	_____
Golf	_____	_____	Wrestling	_____	_____
Gymnastics	_____	_____	Other _____	_____	_____
Ice Hockey	_____	_____	Other _____	_____	_____
Lacrosse	_____	_____	Other _____	_____	_____
Rodeo	_____	_____	Other _____	_____	_____
Rowing/Crew	_____	_____	Other _____	_____	_____

INTERCOLLEGIATE SPORTS CENSUS (Continued)

Required Underwriting Information
 (Failure to submit the following information will delay and/or prevent release of quotation)

	2007/2008	2008/2009	2009/2010	2010/2011
Previous Insurance Company:	_____	_____	_____	_____
Coverage Type (Excess/Primary):	_____	_____	_____	_____
Medical Expense Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Accidental Death & Dismemberment Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Deductible:	\$ _____	\$ _____	\$ _____	\$ _____
Benefit Period: (1Yr/2Yr/3Yr)	_____	_____	_____	_____
Expanded Medical Coverage: (Y/N)	_____	_____	_____	_____
HMO/PPO Denial Coverage: (Y/N)	_____	_____	_____	_____
Pre-Existing Conditions Coverage: (Y/N)	_____	_____	_____	_____
Heart/Circulatory Coverage: (Y/N)	_____	_____	_____	_____
Premium Paid:	\$ _____	\$ _____	\$ _____	\$ _____
Claims Paid:	\$ _____	\$ _____	\$ _____	\$ _____
	As of ____/____ (Month) (Year)	As of ____/____ (Month) (Year)	As of ____/____ (Month) (Year)	As of ____/____ (Month) (Year)
# of Claims Paid:	_____	_____	_____	_____

What percentage of your student athletes have primary medical insurance coverage? _____

Date Quote Needed: _____
mm/dd/yr

Return completed form to: **Special Markets Insurance Consultants, Inc.**