



**INTERCOLLEGIATE SPORTS
BASIC ATHLETIC INJURY INSURANCE PROGRAM
QUOTATION REQUEST FORM**



[ONLINE VERSION AVAILABLE AT WWW.DISSINGERREED.COM/ONLINE-QUOTE-REQUEST](http://WWW.DISSINGERREED.COM/ONLINE-QUOTE-REQUEST)

| | |
|-----------------------|---|
| Name of School | Affiliation: _____ Division: _____ |
|-----------------------|---|

Address:

City: _____ **State:** _____ **Zip Code:** _____

Information Provided By: _____ **Ph:()** _____ **Fax:()** _____

Date Quote Needed:

| Number of Participants | | | | Number of Participants | | | |
|------------------------|-----|-------|-------|------------------------|-----|-------|-------|
| Sports | Men | Women | Total | Sports | Men | Women | Total |
| Archery | | | | Lacrosse | | | |
| Badminton | | | | Racquetball | | | |
| Band | | | | Rifle | | | |
| Baseball | | | | Rodeo | | | |
| Basketball | | | | Rugby | | | |
| B. Volleyball | | | | Sailing | | | |
| Bowling | | | | Skiing | | | |
| Boxing | | | | Soccer | | | |
| Cheerleaders | | | | Softball | | | |
| Crew | | | | Stud. Mgrs. | | | |
| Cricket | | | | Stud. Trainers | | | |
| Cr. Country | | | | Squash | | | |
| C.C. Skiing | | | | Swim/Dive | | | |
| Cycling | | | | Synch. Swim | | | |
| Equestrian | | | | Tennis | | | |
| Fencing | | | | Track & Field | | | |
| Field Hockey | | | | Ulti. Frisbee | | | |
| Football (Fall) | | | | Volleyball | | | |
| Football (F&S) | | | | Water Polo | | | |
| Golf | | | | Wrestling | | | |
| Gymnastics | | | | Other (list): | | | |
| Ice Hockey | | | | | | | |
| Karate/Judo | | | | | | | |

| | |
|-------------------|-------------------|
| Sub Totals | Sub Totals |
|-------------------|-------------------|

Total # of Participants:

PREVIOUS INSURANCE INFORMATION

| Benefits: | 2015-'16 | 2016-'17 | 2017-'18 | 2018-'19 |
|--|---|---|---|---|
| Deductible | \$ | \$ | \$ | \$ |
| Medical Maximum | \$ | \$ | \$ | \$ |
| Full Coverage for Expanded Medical (wear and tear injuries) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Coverage for Heart & Circulatory | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Coverage for HMO/PPO Denials | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Full Coverage for Pre-existing Conditions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Benefit Period | Yrs. | Yrs. | Yrs. | Yrs. |
| AD&D Limits | \$ | \$ | \$ | \$ |
| Premium | \$ | \$ | \$ | \$ |
| # Claims Paid | | | | |
| Total \$ of paid claims | \$ | \$ | \$ | \$ |
| Name of Insurance Company | | | | |
| Name of Claims payor/TPA (if different) | | | | |

***** IN ORDER TO OBTAIN QUOTES, WE MUST HAVE COPIES OF YOUR DETAILED, LOSS/CLAIMS REPORTS FOR THE LAST 4 YEARS (BACK TO 2014-15) NEED TRUE LOSSES-EXCLUDING ADMIN FEES**

Risk Management Information:

Certified Athletic Trainer(s) on staff? Yes No
 Team Physician: On Staff On Retainer Other
 Require pre-participation physical examination? Yes No
 Type of Institution? Public Private
 What percentage of your athletes have primary medical coverage? _____

Does your school have any special billing and/or payment arrangements with hospitals, physicians or any other providers? _____

Additional Coverages to Quote (Please mark:)

Primary Athletic Insurance Catastrophic
 Intramural Sports (basic) Camp/Clinic
 Intramural Sports (catastrophic) Cheer/Dance (catastrophic)
 Club Sports (basic) Club Sports (catastrophic)

Please return this completed form to:

Dissinger Reed
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 Phone(800) 386-9183 Fax(913) 491-0527
college@dissingerreed.com