



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



ONLINE VERSION AVAILABLE AT WWW.DISSINGERREED.COM/ONLINE-QUOTE-REQUEST

Name of School:	Conference:
	Division:

Address:

City: _____ State: _____ Zip Code: _____

Name of Main Contact: _____ Phone: _____

Date Quote Needed: _____ Institution (Public or Private): _____

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

Total # of Men: _____

Total # of Women: _____

Total # of Student Athletes: _____

PREVIOUS INSURANCE INFORMATION

Benefits:	2017-'18	2018-'19	2019-'20	2020-'21
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 2016) NEED TRUE LOSSES-EXCLUDING ADMIN FEES**

Risk Management Information:

Do you require that your athletes have primary insurance? Yes No

Do you verify the validity of their coverage throughout the year? Yes No

If yes, do you consider Tricare, Kaiser & Medicare as acceptable primary coverage? Yes No

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? _____

Top 3 Medical Provider Names & NPI or FIEN #s:

Provider 1 _____	NPI or FEIN # _____
Provider 2 _____	NPI or FEIN # _____
Provider 3 _____	NPI or FEIN # _____

Additional Coverages to Quote (Please mark:)

- | | |
|--|--|
| <input type="checkbox"/> Primary Athletic Insurance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Catastrophic | <input type="checkbox"/> Cheer/Dance (catastrophic) |
| <input type="checkbox"/> Intramural Sports (basic or catastrophic) | <input type="checkbox"/> Club Sports (basic or catastrophic) |
| <input type="checkbox"/> Camp/Clinic | <input type="checkbox"/> Coaches Contractual Bonus Insurance |

Please return this completed form to:

Dissinger Reed
 8700 Indian Creek Parkway, Suite 320 Overland Park, KS 66210
 Phone(800) 386-9183 Fax(913) 491-0527
college@dissingerreed.com