

Questions or form submission:  
 Email: sportsinsurance@agadm.com  
 Phone: 610.933.0800  
 Fax: 610.933.4122



## Intercollegiate / Club / Intramural Sports Participant Accident Quote Request Form

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person/Agent: \_\_\_\_\_ Agency Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_

Type of Coverage:     Intercollegiate Sports                       Club Sports                       Intramural Sports

**PLEASE COMPLETE ALL SECTIONS AND SIGN FORM PRIOR TO SUBMISSION**

### Sports Participants

Sport	Men	Women	Sport	Men	Women	Sport	Men	Women	Sport	Men	Women
Band			Football (Fall)			Rowing/Crew			Tennis		
Baseball			Football (Spring)			Rugby			Track and Field		
Basketball			Golf			Skiing			Volleyball		
Cheerleading			Gymnastics			Soccer			Water Polo		
Cross Country			Ice Hockey			Softball			Wrestling		
Dance Team			Lacrosse			Student Coaches			Other		
Equestrian			Rifle			Student AthTrainers					
Field Hockey			Rodeo			Swimming/Diving					

### Prior Insurance Coverage

	2009-10	2010-11	2011-12	2012-13	2013-14
Insurance Carrier / TPA Name:					
Deductible:					
Traditional or Aggregate Deductible?					
Benefit Period (Weeks):					
Accidental Death Benefit (Amounts):					
HMO/PPO Denial Benefit (Yes or No):					
Heart and Circulatory Benefit (Yes or No):					
Expanded Medical Benefit (Yes or No):					
Re-Aggravation Benefit (Yes or No):					

### Premium/Claim History

	2009-10	2010-11	2011-12	2012-13	2013-14
Premium:					
Claims History:					
Number of Claims Paid:					
Total Amount of Claims Paid:					
"As of" Date of Claims(mm/dd/yyyy):					

### Benefits Requested (List Requirements if different than current)

Medical Maximum:	
Deductible:	
Benefit Period/Riders:	

#### Questions:

1. Do you currently use an electronic medical record system / injury management system?  
     If yes, do you generate your insurance claim forms off of this system?                       N/A                       Yes                       No
2. Do you have any current direct discounting contracts with your team physicians?                       Yes                       No
3. Does the athletic department collect primary insurance information for your student-athletes?  
     a. Do you verify that the primary insurance information your student-athletes provide is valid?                       Yes                       No  
     b. What percentage of your student-athletes have primary insurance?                      \_\_\_\_\_%

Contact Person/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_