



**K-12 Student Accident & Athletic Insurance
Request for Quote
underwritten by U.S. Fire Insurance Company**

A-G Administrators LLC
PO Box 979 Valley Forge, PA 19482
T#610.933.0800 F#610.933.4122
e-mail info@agadm.com
website agadministrators.com

PLEASE COMPLETE AND RETURN, WITH CURRENT CLAIM REPORTS, TO A-G ADMINISTRATORS VIA E-MAIL

Participating School/District: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ # of Eligible Students: _____

Total # of Sr. High Schools: _____ Total # of Jr. High Schools: _____ Total # of Elem Schools: _____

Grades Covered: PreK-5: _____ Grades 6-8: _____ Grades 9-12: _____

Interscholastic Sports Coverage

Covers all interscholastic sports participants in your school during school sponsored and supervised practice, competition and travel.

- All Sports
- Heart & Circulatory
- Intramurals & Gym
- Expanded Medical
- Band and Cheerleaders
- Other _____

Note: Please complete Sports Census Questionnaire

Voluntary Plan Attached to Interscholastic Sports Coverage. Please choose one:

- Primary Plan (scheduled benefits which could leave patient liability)
- Primary Excess Plan (pays 100% usual reasonable & customary)

Compulsory Student Accident Coverage

Provides coverage for your students while participating in all school sponsored and supervised activities other than interscholastic sports.

- All School Time Student Activities
- Include Field Trips

Choose your Accident Medical Expense Benefit Maximum

This is the amount of benefit payable per injury

- \$25,000
- \$50,000
- \$100,000
- \$1,000,000
- \$5,000,000

Choose your Benefit Period:

This is how long medically necessary treatment for a covered injury will be eligible for benefits under the Policy

- 1 year
- 2 years
- 10 years

Optional Catastrophic Cash Benefit:

This optional benefit is designed to provide a cash benefit to the family of a severely injured student athlete (coma, paralysis, or brain death). This is in addition to the medical expense benefits. Paralysis, coma or brain death must occur within 180 days from the date of the covered accident, must continue for six consecutive months; and must be diagnosed by a doctor to be complete and not reversible. Payment of this benefit is in addition to and without regard to other insurance based on a schedule not to exceed 10 years. Choose your Principal Sum Amount:

- \$500,000
- \$1,000,000

Volunteer Coverage:

Cover your adult volunteers (unpaid) while participating in school sponsored volunteer activities, including off-campus field trips and other school sponsored events. This plan includes a benefit period of one year from the date of accident. Please choose your Accident Medical Expense Benefit for the adult volunteers:

- \$5,000
- \$25,000

Voluntary Accident Coverage:

Coverage options are available for students to purchase voluntarily.

- Yes we would like our students to have access to your voluntary plan
- No, we do not need the voluntary plan

School District Contact : _____ Phone: _____

Agent Name: _____

Agent Address: _____ Phone: _____



Sports Census Questionnaire

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School District Name: _____

*Instructions: Please complete census and return to A-G Administrators via E-mail to info@agadm.com.
Please include four years of claim reports.*

Sport	# of participating Males			# of participating Females		
	Elementary	Middle/JR School	High School	Elementary	Middle/JR School	High School
Baseball						
Basketball						
Bowling						
Cross Country						
Field Hockey						
Football						
Football Spring						
Gymnastics						
Ice Hockey						
Lacrosse						
Skiing						
Soccer						
Softball						
Swimming/Diving						
Tennis						
Track						
Volleyball						
Weightlifting/Conditioning						
Wrestling						
Student Managers/Trainers						
Band						
Cheerleaders						
Intramurals						
Extra-Curricular Activities						
Other Sports:						

Total # males: _____ Total # females: _____ Total # athletes: _____

Total band: _____ Total managers/ trainers: _____

NAME: _____ TITLE: _____ PHONE: _____

SIGNED: _____ DATE: _____