



**Intercollegiate Sports
Basic Athletic Accident Insurance
Proposal Request Form**



SCHOOL INFORMATION

Name of School:			
Address:			
City:		State:	Zip:
Contact Name:		Phone #:	
Contact e-mail:			
Date Proposal Needed By:		Effective Date of Current Insurance Plan:	

CURRENT & PREVIOUS INSURANCE INFORMATION

BENEFITS:	2012-2013	2013-2014	2014-2015	2015-2016
Insurance Carrier:				
Specific Deductible:				
Aggregate Deductible:				
Medical Maximum:				
Benefit Period:				
Dental Limit:				
AD&D:				
Premium:				
Claims Paid Amount*:				
Paid As Of Date**:				
# of Claims Paid:				

*If you have an aggregate deductible, please include claims paid under and over the aggregate if applicable.
 **Please provide us with detailed loss runs if they are available to help us provide you with the most competitive proposal.

NOTES/COMMENTS

Please use this section if:

- 1) You would like different limits and/or benefits quoted than what the school has currently.
- 2) There have been any large claims that have impacted the claims paid amount.
- 3) Have any sports been added or deleted that has impacted the paid claims amount.
- 4) There is anything that we should know about your school that will help us meet your needs.

SPORT INFORMATION

NUMBER OF PARTICIPANTS			NUMBER OF PARTICIPANTS		
SPORTS	MEN	WOMEN	SPORTS	MEN	WOMEN
Badminton			Sailing		
Band			Skiing		
Baseball			Soccer		
Basketball			Softball		
Bowling			Student Mgr/Trainers		
Cheerleading			Swim/Dive		
Crew			Tennis		
Cross Country			Track & Field		
Cycling			Ultimate Frisbee		
Equestrian			Volleyball		
Fencing			Water Polo		
Field Hockey			Wrestling		
Football (Fall)			Others (list):		
Football (Spring)					
Golf					
Gymnastics					
Ice Hockey					
Lacrosse					
Martial Arts					
Racquetball					
Rodeo					
Rugby					
Subtotals			Subtotals		

Total # of Participants

Please submit via fax or email

Borden-Perlman Insurance Agency

250 Phillips Blvd, Suite 280

Ewing, NJ 08618

Toll Free: (800) 932-4476

Fax: (609) 895-1468

sports@bordenperlman.com