



**Intercollegiate Sports
Catastrophic 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:

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					

CURRENT INSURANCE INFORMATION

Current Catastrophic Insurance Carrier:

Current Premium:

Current Medical Maximum:

CATASTROPHIC CASH BENEFIT

Catastrophic Cash Benefit is a cash benefit that is paid directly to the athlete if a covered accident results in paralysis or coma. To find out more about this benefit, please ask a member of the Sports Team.

If you would like Cat Cash added to your proposal, please indicate benefit amount below:

\$1,000,000 _____

\$2,000,000 _____

\$3,000,000 _____

NOTES/COMMENTS

Please use this section if:

- 1) You would like different limits and/or benefits quoted than what the school has currently.
- 2) Please indicate the year and the paid claims amount if your school has had any cat claims in the last 3 years.

Please submit via fax or email

Borden-Perlman Insurance Agency

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