

FRANCIS L. DEAN & ASSOCIATES, INC.

The Nation's Leader In Sports Insurance

1776 S. Naperville Road, Suite 101-B

P.O. Box 4200

Wheaton, IL 60189

(800) 745-2409 FAX(630) 665-7294

K-12 CENSUS

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Contact: _____ Phone Number: _____
(NAME/TITLE)

Email Address (quotation will be sent to): _____

Blanket Accident Enrollments (please indicate the number of students in each):

PK _____

K-5 _____

6-8 _____

9-12 _____

INTERSCHOLASTIC SPORTS/EXTRA-CURRICULAR ACTIVITIES TO BE INSURED

**Please indicate any sports added or deleted over the past 4 years.

***Please indicate # of athletes in each sport listed:

	Males	Females		Males	Females
Baseball	_____	_____			
Basketball	_____	_____	Rugby	_____	_____
Bowling	_____	_____	Skiing	_____	_____
Boxing	_____	_____	Soccer	_____	_____
Cheerleading	_____	_____	Softball	_____	_____
Cross Country	_____	_____	Swimming/Diving	_____	_____
Field Hockey	_____	_____	Tennis	_____	_____
Football (Fall)	_____	_____	Track/Field	_____	_____
Football (Spring)	_____	_____	Volleyball	_____	_____
Golf	_____	_____	Water Polo	_____	_____
Gymnastics	_____	_____	Weightlifting	_____	_____
Ice Hockey	_____	_____	Wrestling	_____	_____
Lacrosse	_____	_____	Other _____	_____	_____
Rodeo	_____	_____	Other _____	_____	_____
Rowing / Crew	_____	_____	Other _____	_____	_____
			Other _____	_____	_____

(PLEASE COMPLETE OTHER SIDE)

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MANDATORY UNDERWRITING INFORMATION

(Failure to submit the following information will delay and/or prevent release of quotation.)

School/District Information:

Expiration Date of current policy: _____

Total # of Students: _____ High School Enrollment: _____

of High School Football Players: _____ # of Junior High School Football Players: _____

of High School Athletes (excluding football): _____ # of Junior High School Athletes (excluding Football): _____

Quote for Students-only coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, only submit Student-only loss information)
Quote for Athletics/Activities-only coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, only submit Athletics/Activities-only loss information)
Quote for Football-only coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, only submit Football-only loss information)
Quote for All Students-Athletics-Activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If yes, submit Student/Athletics/Activities loss information)

	<u>3-Years Prior</u>	<u>2-Years Prior</u>	<u>1-Year Prior</u>	<u>Current Year</u>
Previous Insurance Co.:	_____	_____	_____	_____
Coverage Type (Excess/Primary):	_____	_____	_____	_____
Medical Expense Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Accidental Death & Dismemberment Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Deductible Amount:	\$ _____	\$ _____	\$ _____	\$ _____
Benefit Period: (1Yr/2Yr/3Yr)	_____	_____	_____	_____
Premium Paid: (Do not include Voluntary or Catastrophic premium paid)	\$ _____	\$ _____	\$ _____	\$ _____
Claims Paid: (Include hardcopy company-produced loss reports for each year.) (Do not include Voluntary or Catastrophic claims paid)	\$ _____	\$ _____	\$ _____	\$ _____
Do these claims paid figures include sports, or extra-curricular activity (other than Mandatory Blanket Student Accident) losses?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	As of _____ / _____ <small>(Month) (Year)</small>	As of _____ / _____ <small>(Month) (Year)</small>	As of _____ / _____ <small>(Month) (Year)</small>	As of _____ / _____ <small>(Month) (Year)</small>
# of Claims Paid:	_____	_____	_____	_____

What percentage of your students have primary medical insurance coverage? _____