



Club & Intramural Basic and Catastrophic Accident Medical Insurance Quote Request Form

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Email: _____ Phone: _____

Covered Sports Request: Club Sports Only Intramural Sports Only Club & Intramural Sports

Coverage Type Request: Basic Policy Only Catastrophic Policy Only Basic & Catastrophic Policy

Desired Effective Date: _____

SECTION 1 – CLUB SPORTS					
Please Complete the Estimated # of Club Sport Participants					
Club Sport	Men	Women	Club Sport	Men	Women
Acrobatics & Tumbling			Mascots		
Archery			Racquetball		
Badminton			Riflery		
Band			Rodeo		
Baseball			Rowing/Crew		
Basketball			Rugby		
Beach Volleyball			Sailing		
Bowling			Skiing		
Boxing			Soccer		
Cheer (Competitive)			Softball		
Cheer (Non-Competitive)			Squash		
Cross Country			Student-Coaches		
Cycling			Student-Managers		
Dance			Student-Trainers		
Drill Team			Swimming/Diving		
Equestrian			Tennis		
E-Sports			Track & Field		
Fencing			Volleyball		
Field Hockey			Water Polo		
Football			Weightlifting		
Golf			Wrestling		
Gymnastics			Other: _____		
Ice Hockey			Other: _____		
Karate/Judo			Other: _____		
Lacrosse			Totals		

SECTION 2 – INTRAMURAL SPORTS					
Please Complete the Estimated # of Intramural Sport Participants					
Intramural Sport	Men	Women	Intramural Sport	Men	Women
Acrobatics & Tumbling			Lacrosse		
Aerobics			Log Sports		
Archery			Marathon		
Badminton			Paintball		
Band			Quidditch		
Baseball			Racquetball		
Basketball			Riflery		
Beach Volleyball			Rodeo		
Billiards			Rowing/Crew		
Bowling			Rugby		
Boxing			Scuba Diving		
Broomball			Skating		
Canoe/Kayak			Skiing		
Cheer (Competitive)			Soccer		
Cheer (Non-Competitive)			Softball		
Climbing			Squash		
Cricket			Student-Coaches/Mgrs.		
Cross Country			Swimming/Diving		
Curling			Tennis		
Cycling			Triathlon		
Dance			Track & Field		
Disc Golf			Volleyball		
Dodgeball			Water Polo		
Equestrian			Weightlifting		
E-Sports			Wiffleball		
Fencing			Wrestling		
Field Hockey			Yoga		
Fishing			Zumba		
Flag/Touch Football			Other: _____		
Golf			Other: _____		
Gymnastics			Other: _____		
Handball			Other: _____		
Karate/Judo			Totals		

Please send completed form to the BMI Team at collegesports@bobmccloskey.com or via fax at 732.583.9610 Attn: NJCAA. If you currently have Basic Accident Medical Insurance Coverage for your club and/or intramural sports, please include a copy of your current master policy and current valued claim reports. If you have any questions or need to discuss further, please contact our office at 800.445.3126 and ask for Rob McCloskey.

If your school is working with a broker, please have the below information completed.

LOCAL/REGIONAL INSURANCE AGENCY

Agency Name: _____
 Agent Name: _____ Agent License #: _____
 Email: _____ Phone: _____
 Agency Street Address/City/State/Zip: _____

Bob McCloskey Insurance | Morganville, NJ 07751
Phone: 800.445.3126 | www.bobmccloskey.com/njcaa | Fax: 732.583.9610
Leaders in Student & Sports Insurance Administration Since 1975