



Name of School/District: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Form Completed By: _____ Title: _____

Phone: _____ Email: _____

GRADE	ESTIMATED # OF STUDENTS
Preschool	
K-8	
9-12	
Boarding	
Total	
# of High Schools in your District: _____	

Do you want to include coverage for the following?		
PE Classes & Intramural Sports	Yes	No
Overnight Field Trips	Yes	No
Volunteer Workers	Yes	No

PLEASE SELECT COVERAGE TYPE NEEDED	
<input type="checkbox"/> All Students – School Time & Sports Coverage	<input type="checkbox"/> Sports Only Coverage
<input type="checkbox"/> Includes All Sports with Football	
<input type="checkbox"/> Includes All Sports NO Football	
<input type="checkbox"/> Football Only	
<input type="checkbox"/> NO Sports	
Estimated # of Football Players K-8: _____	
Estimated # of Football Players 9-12: _____	
Estimated # of Total Athletes: _____	

Policy Benefits	Current Year	1 Year Prior	2 Years Prior	3 Years Prior	4 Years Prior
Insurance Carrier					
Claims Administrator					
Medical Max					
Deductible					
Benefit Period					
Premium Paid					
Claims Paid					

In order to present you with a formal proposal for your student & athletic insurance for the coming year, we will need the above information completed and submitted. Please also include a copy of your current insurance policy and a copy of the detailed claim reports for the above 5 policy years.

Please complete and submit to k12@bobmccloskey.com or via fax at 732.583.9610. If you have any questions or would like to discuss further, please contact our office at 800.445.3126.

Do you have a local broker or agent that the school works with? We will be happy to coordinate the program through your local agent or broker if you wish, please provide the information below.

Name of Insurance Broker/Agency: _____

Phone: _____

Email: _____