



## Intercollegiate Basic Accident Medical Insurance Quote Request Form

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SECTION 1 – COVERED PARTICIPANTS					
Please Complete the Estimated # of Participants					
Intercollegiate Sport	Men	Women	Intercollegiate 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			Other: _____		
<b>Total</b>					

**Basic & Catastrophic Accident Medical Insurance is also available for your Club and Intramural sports. Coverage can be added as a separate class within this policy, or as a separate policy. Please contact BMI for more information and next steps.**

**SECTION 2 - PREVIOUS POLICY INFORMATION**

Policy Benefits	Current Year	1 Year Prior	2 Years Prior	3 Years Prior	4 Years Prior
Insurance Carrier					
Claim Administrator					
Medical Maximum					
Deductible					
Benefit Period					
AD&D Benefit					
AD&D Aggregate					
Expanded Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HMO/PPO Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H&C Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Re-Injury Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guest/Recruit Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium					
Claims Paid					
Paid Through Date					

**SECTION 3 – ADDITIONAL PROGRAM INFORMATION**

Does the Sports Medicine Team utilize an Injury Tracking Software/EMR System?  Yes  No  
 If yes, what system/platform is being use today? \_\_\_\_\_  
 Does the Athletic Department have a primary insurance requirement for athletes?  Yes  No

**SECTION 4 – QUOTE OPTIONS**

**DEDUCTIBLE – Please select all options you would like quoted:**  
 \$0  \$250  \$500  \$750  \$1,000  \$2,500  \$5,000  Other: \_\_\_\_\_  
**MEDICAL MAXIMUM – Please select all options you would like quoted:**  
 \$25,000  \$35,000  \$50,000  Other: \_\_\_\_\_

Please send completed form, including a copy of your current master policy and current valued claim reports to [collegesports@bobmccloskey.com](mailto:collegesports@bobmccloskey.com) or via fax at 732.583.9610 Attn: NJCAA. 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**