



Name of College/University: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Form Completed By: _____ Title: _____

Phone: _____ Email: _____

Athletic Association Affiliation:	<input type="checkbox"/> NCAA	<input type="checkbox"/> NAIA	<input type="checkbox"/> NJCAA	<input type="checkbox"/> NCCAA	<input type="checkbox"/> USCAA	Other: _____
Division:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	Date Quote Needed By: _____		

Estimated Number of Participants | I=Intercollegiate C=Club M=Intramural

Sport	I/C/M	Men	Women	Sport	I/C/M	Men	Women
Archery				Racquetball			
Badminton				Rifle			
Band				Rodeo			
Baseball				Rowing/Crew			
Basketball				Rugby			
Bowling				Sailing			
Boxing				Skiing			
Cheerleading				Soccer			
Cross Country				Softball			
Cycling				Student Mgrs.			
Dance				Squash			
Equestrian				Swimming			
Fencing				Tennis			
Field Hockey				Track & Field			
Football				Volleyball			
Golf				Water Polo			
Gymnastics				Weightlifting			
Ice Hockey				Wrestling			
Karate/Judo				Other: _____			
Lacrosse				Other: _____			

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					
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					

Please provide a copy of your current policy and the detailed claim reports for the above 5 policy years

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