



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