Bob McCloskey INSURANCE
Got You Covered

NCCAA

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: _____		
			Total	0	0

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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
HMO/PPO Benefit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
H&C Benefit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Re-Injury Benefit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Guest/Recruit Benefit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 or via fax at 732.583.9610 Attn: NCCAA. 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/nccaa | Fax: 732.583.9610

Leaders in Student & Sports Insurance Administration Since 1975