

REQUEST FOR QUOTE

Date by which you need quote returned: _____

SECTION 1 – CONTACT INFORMATION

DISTRICT/SCHOOL: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

NAME: _____ PHONE #: (_____) _____

TITLE: _____ E-MAIL: _____

Instructions (please complete as thoroughly as possible for the best available quote):

SECTION 2 – CURRENT COVERAGE (If your School Currently has a Policy)

STUDENTS HAVE COVERAGE WHEN (check all that apply):

ATTENDING SCHOOL PARTICIPATING IN EXTRACURRICULAR (Non-Athletic) ACTIVITIES

PARTICIPATING IN INTERSCHOLASTIC SPORTS

OTHER (please describe) _____

TYPE OF CURRENT COVERAGE (check all that apply):

SCHOOL (DISTRICT) PAID COVERAGE PART DISTRICT PAID/ PART VOLUNTARY (Hybrid Plan)

CATASTROPHIC COVERAGE OTHER (please describe) _____

Current Carrier: _____ Deductible \$ _____ Maximum \$ _____

In order to determine a comparable plan, please provide a copy of your current policy's medical benefits

SECTION 3 – COVERAGE QUOTE

If your school (district) has coverage, are you seeking a quote similar to the current plan?

YES NO (please describe) _____

If your school (district) currently does NOT have coverage, please explain what type of coverage you would like for us to quote :

SECTION 4 – ENROLLMENT INFORMATION

TOTAL ENROLLMENT (K-12) _____ Number of High Schs./Jr. Highs: _____ / _____

SR. HIGH ENROLLMENT: _____ JR. HIGH ENROLLMENT: _____

of SR. HIGH ATHLETIC PARTICIPANTS: _____ # of JR. HIGH ATHLETIC PARTICIPANTS: _____

SECTION 5 – LOSS HISTORY

	SCHOOL YEAR	PREMIUM PAID(\$)	BENEFITS PAID(\$)	# OF CLAIMS
Current School Year (To Date)	20__ / 20__	\$ _____	\$ _____	_____
Previous School Year	20__ / 20__	\$ _____	\$ _____	_____
2 Years Ago	20__ / 20__	\$ _____	\$ _____	_____
3 Years Ago	20__ / 20__	\$ _____	\$ _____	_____

Return the completed information to: **Associated Insurance Plans International (AIP Student Insurance)**
PO Box 67, Bruce Crossing, MI 49912;
Fax - (906) 914-9253; E-mail - office@aipstudentinsurance.com

Please call 800-452-5772 if you have questions