

QUOTE REQUEST FORM



EMAIL, MAIL, or FAX ALL REQUESTS FOR PROPOSALS TO:

MEGAN OREHEK AT : MEGAN.OREHEK@PSBA.ORG

K – 12 REQUEST FOR PROPOSAL:

School District: _____ Phone# _____ Fax# _____

Contact Person: _____ Email Address: _____

Proposal Due Date: _____ Today's Date: _____

CURRENT PLAN Mandatory / Blanket Coverage:

Maximum Medical Benefit: _____ Catastrophic Coverage: YES ___ NO ___

Total # of: High Schools: _____ Junior Highs: _____ PIAA Class (circle one): 6A 5A 4A 3A 2A 1A

Current Benefit Plan: _____ Insurance Carrier: _____

Please provide Plan Summaries or Contracts, and Premium vs. Claim reports if available in order to provide a thorough underwriting review to provide a more precise pricing.

PREVIOUS 3 YEARS OF CLAIMS & PREMIUM REPORT

	PREMIUM	PAID CLAIMS	AS OF DATE
CURRENT	_____	_____	_____
YEAR 2	_____	_____	_____
YEAR 3	_____	_____	_____

CATASTROPHIC COVERAGE:

Catastrophic /Optional CASH Coverage: NONE \$500,000 \$1,000,000

Class I: All enrolled students of the School /School District including all sports & activities.

Total # of Students K-6 or K-8: _____ Total # of Students 7-12 or 9-12: _____

Class II: All interscholastic sports, including interscholastic football and cheerleading.

Total # of High Schools: _____ Total # of Junior High Schools: _____

Class III: All interscholastic sports, including interscholastic football, band, cheerleading, majorettes, intramural sports, gym classes, and non-sport extracurricular actives.

Total # of High Schools: _____ Total # of Junior High Schools: _____