

QUOTATION REQUEST FORM
INTERCOLLEGIATE SPORTS
BASIC ATHLETIC INJURY INSURANCE PROGRAM



ONLINE VERSION AVAILABLE AT www.dissingerreed.com/request-a-quote

Name of School:	Conference:
	Division:

Address:

City: _____ State: _____ Zip Code: _____

Name of Main Contact: _____ Phone: _____

Date Quote Needed: _____ Institution (Public or Private): _____

Number of Participants				Number of Participants			
Sports	Men	Women	Total	Sports	Men	Women	Total
Archery				Ice Hockey			
Badminton				Karate/Judo			
Band				Lacrosse			
Baseball				Racquetball			
Basketball				Rifle			
Beach Volleyball				Rodeo			
Bowling				Rugby			
Boxing				Sailing			
Cheerleading				Skiing			
Crew				Soccer			
Cricket				Softball			
Cross Country				Stud. Mgrs.			
C.C. Skiing				Stud. Trainers			
Cycling				Squash			
Dance				Swim/Dive			
E-Sports				Synch. Swim			
Equestrian				Tennis			
Fencing				Track & Field			
Field Hockey				Ultimate Frisbee			
Football				Volleyball			
Golf				Water Polo			
Gymnastics				Wrestling			

Total # of Men: _____

Total # of Women: _____

Total # of Student Athletes: _____

PREVIOUS INSURANCE INFORMATION

Benefits:	2022-'23	2023-'24	2024-'25	2025-'26
Deductible	\$	\$	\$	\$
Medical Maximum	\$	\$	\$	\$
Full Coverage for Expanded Medical (wear and tear injuries)	<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
Full Coverage for Heart & Circulatory	<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
Full Coverage for HMO/PPO Denials	<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
Full Coverage for Pre-existing Conditions	<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
Benefit Period	Yrs.	Yrs.	Yrs.	Yrs.
AD&D Limits	\$	\$	\$	\$
Premium	\$	\$	\$	\$
# Claims Paid				
Total \$ of Paid Claims	\$	\$	\$	\$
Name of Insurance Company				
Name of Claims Payor/TPA (if different)				

***** IN ORDER TO OBTAIN QUOTES, WE MUST HAVE COPIES OF YOUR DETAILED, LOSS/CLAIMS REPORTS FOR THE LAST 4 YEARS (BACK TO 2022) NEED TRUE LOSSES-EXCLUDING ADMIN FEES**

Risk Management Information:

Do you require that your athletes have primary insurance? Yes No

Do you verify the validity of their coverage throughout the year? If yes, do you consider Tricare, Kaiser & Medicare as acceptable primary coverage? Yes No
 Yes No

What percentage of your athletes have primary medical coverage? _____

Does your school have any special billing and/or payment arrangements with hospitals, physicians or any other providers? _____

Top 3 Medical Provider Names & NPI or FIEN #s:

Provider 1 _____	NPI or FEIN # _____
Provider 2 _____	NPI or FEIN # _____
Provider 3 _____	NPI or FEIN # _____

Additional Coverages to Quote (Please mark:)

<input type="checkbox"/> Primary Athletic Insurance	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Catastrophic	<input type="checkbox"/> Cheer/Dance (catastrophic)
<input type="checkbox"/> Intramural Sports (basic or catastrophic)	<input type="checkbox"/> Club Sports (basic or catastrophic)
<input type="checkbox"/> Camp/Clinic	<input type="checkbox"/> Coaches Contractual Bonus Insurance

Please return this completed form to:

Dissinger Reed, A Division of HUB International

9200 Ward Parkway, Suite 500, Kansas City, MO 64114

Phone (800) 386-9183 Fax (913) 491-0527

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