

Student/Athletic Accident Quotation Sheet

In order to present you with a proper proposal for your student athletic accident insurance for the coming year, we will need some information.

Please fill out this form, return it to us, and we will have a firm, fixed price proposal to you in a few days.

SCHOOL INFORMATION

Name of School District _____

Address _____

City _____

State _____

Zip _____

Administrator responsible for Student Insurance: _____

Estimated Enrollment in School (District): _____

Number of High Schools (District) _____

Grade Structure: (Check one)

Do you insure all Students? YES NO

<input type="checkbox"/>	K-12 School District	<input type="checkbox"/>	Regional High School District	<input type="checkbox"/>	Nursery School
<input type="checkbox"/>	K-6 School District	<input type="checkbox"/>	Vocational School District	<input type="checkbox"/>	Individual Elementary School
<input type="checkbox"/>	K-8 School District	<input type="checkbox"/>	Individual High School or Jr. H.S.	<input type="checkbox"/>	Other

POLICY AND CLAIMS INFORMATION

Current Carrier (Administrator) _____

Current Premium _____

Expiration Date _____

Premiums and Losses for the last 5 years:

Policy Year

Premium

Losses Paid

Please include updated hard copy loss runs.

Please fill in below the number of participants during the current year, in the high school interscholastic sports sponsored by your school (District). If you have tackle football on a level below the high school freshman level, include that in the "other" column.

NOTE: If you insure ALL students, you need not fill out the form below.

SPORT	NUMBER	SPORT	NUMBER	SPORT	NUMBER
Baseball		Gymnastics		Softball	
Basketball		Golf		Swimming	
Bowling		Ice Hockey		Tennis	
Cross Country		Lacrosse		Track	
Fencing		Rifle		Volleyball	
Field Hockey		Skiing		Weightlifting	
Football		Soccer		Wrestling	
				Other	

Cabot Risk Strategies LLC - Todd Ohanesian
 800-222-5963
 15 Cabot Road, Woburn MA 01801
www.cabotrisk.com

Signature and Title of Person Completing This Form _____

Telephone _____

Date _____

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Please provide the following
information to offer a proposal:

- ✓ Copy of Current Policy
- ✓ Student Head Count
- ✓ 5 Year Loss Runs
- ✓ Renewal Quote

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