

## K-12 REQUEST FOR PROPOSAL

**District/School Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Due Date for Proposal:** \_\_\_\_\_ **# of Sr. High Schools:** \_\_\_\_\_ **# of Jr. High Schools:** \_\_\_\_\_

**CURRENT INSURANCE:** In an effort to provide your district/school with the most economical quote and lucrative benefits, please complete the following to the best of your ability. Your current carrier should supply this information for you.

**STUDENT ACCIDENT (K-12 Voluntary – Primary Coverage):**

Current Benefit Plan: \_\_\_\_\_ Carrier: \_\_\_\_\_

*Please provide copy of brochure and/or policy.*

Total # of students: \_\_\_\_\_ Current Premium: Schooltime: \_\_\_\_\_; 24-hour \_\_\_\_\_; Extended Dental \_\_\_\_\_

**STUDENT ATHLETIC/UII (Full Excess Coverage):**

UII Class: \_\_\_\_\_  \$10,000 Accident Maximum **OR**  \$25,000 Accident Maximum

Deductible: \$ \_\_\_\_\_ Current Benefit Plan: \_\_\_\_\_ Carrier: \_\_\_\_\_

*Please provide copy of brochure and/or policy.*

**LAST THREE (3) YEARS PREMIUM AND CLAIMS EXPERIENCE:**

Year	Sports Premium	Actual Claims Paid	Voluntary Premium	Actual Claims Paid	"As Of" Date	Company Name
20____/20____	_____	_____	_____	_____	_____	_____
20____/20____	_____	_____	_____	_____	_____	_____
20____/20____	_____	_____	_____	_____	_____	_____

**CATASTROPHIC COVERAGE:**

Company: \_\_\_\_\_ Annual Premium: \$ \_\_\_\_\_

Coverage:

- All Athletics Grades: \_\_\_\_\_
- All Non-Sport Activities Grades: \_\_\_\_\_
- Deductible \$ \_\_\_\_\_

COVERAGE: *(Please check all that apply)*

- All Students  All Sports, including football (Sr. & Jr.)
- Band  Cheerleaders
- Majorettes  Intramurals
- Extracurricular  Gym Classes

CASH BENEFIT?  \$500,000  \$1,000,000

**SPORTS/UII PARTICIPATION:**

	High School	# of Participants	Junior High	# of Participants
Football	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Interscholastic Sports	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Intramural or VoEd Classes	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Non-Sport Extracurricular Activities	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Including Band, Cheerleaders & Majorettes	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**Return completed form to:**

**Macori, Inc.  
19609 Wied Rd.  
Spring, TX 77388  
Telephone: 1-800-285-8133**