

STUDENT ACCIDENT INSURANCE QUOTE REQUEST FORM

District Name: _____ District Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: _____

1. Do you currently have a Student Accident Program? Yes No
If yes, please provide a copy of your current policy's schedule page.
2. Do you have Interscholastic Football? Yes No
3. Estimated Number of Students:

Grades	Student Enrollment
Pre-K – 8	
9 - 12	

4. Is this a Boarding School? Yes No

Request for Quote:

Please provide a Student Accident Insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.

ACKNOWLEDGEMENTS AND SIGNATURES

- a. **Fraud Warning** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Signed: _____ Title: _____ Date: _____

For questions, please contact Ranee Findley at INSURICA

Telephone No. (661)316-5108 or email at Ranee.findley@insurica.com