

# STUDENT ACCIDENT INSURANCE QUOTE REQUEST FORM

School Name: \_\_\_\_\_ School Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent Name: **Larry Turner** Agency: **Network Insurance Services, Inc.**

Address: 20955 Pathfinder Rd., Ste. 100 City: Diamond Bar State: CA Zip: 91765

Email: LTurner@networkins.com Phone: 909.843.6368 Fax: 626.964.1749

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

5. Previous Experience:

	Current Year	20__	20__	20__	20__
Premium					
Paid Claims					
As of Date					
Insurance Carrier					

***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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return form to: Network Insurance Services at the address shown above.***