



## Request for Quotation Accident & Sickness

Name of School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Dept.: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 What date would you like a proposal on or before? \_\_\_\_\_

### Annual Premium Rate Information

<i>Student Only Rate:</i>	Domestic Annual Rate Per Student:	International Annual Rate Per Student:
Current Year	_____	_____
Prior Year	_____	_____
Second Prior Year	_____	_____
Third Prior Year	_____	_____

Student coverage is:  
 \_\_\_\_\_ Voluntary (students enroll by choice)  
 \_\_\_\_\_ Mandatory (premium is included in tuition fees for all students, with no waiver)  
 \_\_\_\_\_ Hard Waiver (premium is included in tuition fees; waiver is allowed with proof of coverage)

Does plan enrollment vary for groups of students? (i.e. Graduate or International students)  
 \_\_\_\_\_ No \_\_\_\_\_ Yes If Yes, please explain: \_\_\_\_\_

Is Dependent Coverage offered?  Yes  No  
 Is coverage for Part-Time students available?  Yes  No

### Plan Experience Information

	Total Premium Remitted to the Insurance Carrier:	Total Claims Paid:	Total # of Insured Students:	Last Claim Report Date:
Current Year	_____	_____	_____	_____
Prior Year	_____	_____	_____	_____
2 <sup>nd</sup> Prior Year	_____	_____	_____	_____
3 <sup>rd</sup> Prior Year	_____	_____	_____	_____

Does your school have a Student Health Center? \_\_\_\_\_

If Yes, please **X** the correct description:

\_\_\_\_\_ Health Center is staffed by a registered nurse and a physician is contracted to provide services.

\_\_\_\_\_ Health Center has a physician on staff during normal business hours.

\_\_\_\_\_ Neither (please explain) \_\_\_\_\_

What changes would you like made to your current plan design?

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In addition to answering the above questions, please enclose all available loss reports from your plan administrator and a student insurance brochure for the current year. If there have been plan changes in the past three years, please enclose a student brochure for the prior years.

Please submit completed form and requested attachments to: [insurance@summitamerica-ins.com](mailto:insurance@summitamerica-ins.com).