

K-12 Student Accident Quote Sheet



SCHOOL			
SCHOOL ADDRESS			
Telephone Number /Email Address			
Enrollment PreK -8 9-12			
Football Players – JV & Varsity Final Squad			
Current Plan – U&C or Scheduled Benefit			
Deductible			
Maximum Medical			
Current Carrier			
SCHOOL YEAR	PREMIUM	CLAIMS PAID	# of Claims
2015-16			
2014-15			
2013-14			
2012-13			

Please email to sgilroy@haylor.com or fax (315) 362-5751 or call (800) 289-1501 ext. 2157

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