

K-12 STUDENT ACCIDENT QUOTE REQUEST

SCHOOL NAME			
ADDRESS			
ENROLLMENT	K-8 #		
	9-12 #		
NUMBER FOOTBALL PLAYERS JV & VARSITY	#		
ACCIDENT PLAN 100% OF U&C OR SCHEDULED PLAN			
DEDUCTIBLE			
MAXIMUM MEDICAL			
CURRENT CARRIER			
SCHOOL YEARS	PREMIUM	CLAIMS PAID	LOSS RUNS
2018-19			ATTACHED
2017-18			
2016-17			
2015-16			

Fax (315) 362-5751 or call (800) 289-1501 ext 2157
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