ALIVE RISK

APPLICATION for: Intercollegiate Sports Accident Insurance

Institution: _____

Affiliation: _____ Division: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone Number: _____

Website: _____ Contact Email: _____

Date Quote Needed (MM/DD/YYYY): _____

Census of Insured Sports

	Male	Female	Total		Male	Female	Total
Baseball				Skiing			
Basketball				Soccer			
Bowling				Swimming			
Boxing				Tennis			
Cheerleading				Track/Field			
Cross Country				Volleyball			
Field Hockey				Water Polo			
Football (Fall)				Weightlifting			
Football (Spring)				Wrestling			
Golf				Student Coaches			
Gymnastics				Student Managers			
Ice Hockey				Student Trainers			
Lacrosse				Other			
Rowing/Crew				Other			
Rugby				Other			
Total				Total			

Prior Insurance Data

	20____ - 20____	20____ - 20____	20____ - 20____	20____ - 20____
Insurance Company				
Medical Expense Limit				
AD&D Limit				
Deductible Per Claim				
Benefit Period				
Aggravation/Reinjury	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Expanded Medical	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
HMO/PPO Denial	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Heart/Circulatory	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Invited Guests	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Premium Paid				
Number of Claims Paid				
Claims Paid Report Date				
Name of Claims payor/TPA				

Requested Coverage Changes: _____

*IN ORDER TO OBTAIN QUOTES, WE MUST HAVE COPIES OF YOUR DETAILED, LOSS/CLAIMS REPORTS FOR THE LAST 4 YEARS (TRUE LOSSES EXCLUDING ADMIN FEES)

Risk Management Information

Certified Athletic Trainer (s) on staff? ☐ Yes ☐ No

Team Physician: ☐ On Staff ☐ On Retainer ☐ Other: _____

Require pre-participation physical examination? ☐ Yes ☐ No

Type of institution? ☐ Public ☐ Private

What percentage of your athletes have primary medical coverage? _____ %

Does your school have any special billing and/or payment arrangements with hospitals, physicians, or other providers? ☐ Yes ☐ No

If yes, please explain: _____

Agent Information

Agent: _____ Agency: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____