

FRANCIS L. DEAN & ASSOCIATES, INC.

The Nation's Leader In Sports Insurance

1776 S. Naperville Road, Suite 101-B

P.O. Box 4200

Wheaton, IL 60189

(800) 745-2409 FAX(630) 665-7294

INTERCOLLEGIATE SPORTS CENSUS

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Contact: _____ Phone Number: _____
(NAME/TITLE)

Email Address (quotation will be sent to): _____

SPORTS TO BE INSURED

*100% of the school's intercollegiate sports must participate in the insurance program.

**Please indicate any sports added or deleted over the past 4 years.

***Please indicate # of athletes in each sport listed:

	Males	Females		Males	Females
Baseball	_____	_____	Rugby	_____	_____
Basketball	_____	_____	Skiing	_____	_____
Bowling	_____	_____	Soccer	_____	_____
Boxing	_____	_____	Softball	_____	_____
Cheerleading	_____	_____	Swimming/Diving	_____	_____
Cross Country	_____	_____	Tennis	_____	_____
Field Hockey	_____	_____	Track/Field	_____	_____
Football (Fall)	_____	_____	Volleyball	_____	_____
Football (Spring)	_____	_____	Water Polo	_____	_____
Golf	_____	_____	Weightlifting	_____	_____
Gymnastics	_____	_____	Wrestling	_____	_____
Ice Hockey	_____	_____	Other _____	_____	_____
Lacrosse	_____	_____	Other _____	_____	_____
Rodeo	_____	_____	Other _____	_____	_____
Rowing / Crew	_____	_____	Other _____	_____	_____

(PLEASE COMPLETE OTHER SIDE)

Francis L. Dean & Associates, Inc.
The Nation's Leader In Sports Insurance
 1776 South Naperville Road, Suite 101-B
 P.O. Box 4200
 Wheaton, IL 60189
 (800) 745-2409 FAX(630) 665-7294

MANDATORY UNDERWRITING INFORMATION

(Failure to submit the following information will delay and/or prevent release of quotation.)

	<u>3-Years Prior</u>	<u>2-Years Prior</u>	<u>1-Year Prior</u>	<u>Current Year</u>
Previous Insurance Co.:	_____	_____	_____	_____
Coverage Type (Excess/Primary):	_____	_____	_____	_____
Medical Expense Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Accidental Death & Dismemberment Benefit:	\$ _____	\$ _____	\$ _____	\$ _____
Deductible Amount:	\$ _____	\$ _____	\$ _____	\$ _____
Deductible Type (Please "X" one) (D – Disappearing Deductible) (F – Flat Deductible) (A – Aggregate Deductible)	___ D ___ F ___ A	___ D ___ F ___ A	___ D ___ F ___ A	___ D ___ F ___ A
Benefit Period: (1Yr/2Yr/3Yr)	_____	_____	_____	_____
Expanded Medical Coverage: (Y/N)	_____	_____	_____	_____
HMO/PPO Denial Coverage:(Y/N)	_____	_____	_____	_____
Pre-Existing Conditions Coverage: (Y/N)	_____	_____	_____	_____
Heart/ Circulatory Coverage: (Y/N)	_____	_____	_____	_____
Premium Paid:	\$ _____	\$ _____	\$ _____	\$ _____
Claims Paid: (Must also include company-produced reports)	\$ _____	\$ _____	\$ _____	\$ _____
	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)
# of Claims Paid:	_____	_____	_____	_____
What percentage of your student athletes have primary medical insurance coverage? _____				