



Request for Quotation

Name of School: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Dept.: _____
 Telephone: _____ Fax: _____
 Email: _____
 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 (2008-2009) _____ | _____ | _____ |
| 1 st Prior Year (2007-2008) _____ | _____ | _____ |
| 2 nd Prior Year (2006-2007) _____ | _____ | _____ |

Student coverage is:
 _____ Voluntary (students enroll by choice)
 _____ Mandatory (premium is included in tuition fees)
 _____ Hard Waiver (premium is included in tuition fees, but will be removed by proof of coverage)
 Does plan enrollment vary for groups of students? (i.e. Graduate of International students)
 _____ No _____ Yes, if yes please explain: _____

Is Dependent Coverage offered? _____
 Is coverage for Part-Time students available? _____

Plan Experience Information

| Total Premiums Remitted to The Insurance Carrier: | Total Claims Paid: | Total # of Insured Students: | Last Claim Report Date: |
|--|-----------------------|---------------------------------|----------------------------|
| 2008-2009 _____ | _____ | _____ | _____ |
| 2007-2008 _____ | _____ | _____ | _____ |
| 2006-2007 _____ | _____ | _____ | _____ |

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?

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 fax your quotation request to Summit America Insurance Services at 913-327-0201, attention Liz Stoner or it may be emailed to lstoner@summitamerica-ins.com Please do not hesitate to contact us at 1-800-955-1991 ext. 124 with any questions.