

# Public School Student Accident Insurance Program

## Request for Proposal



Quote Due Date: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

### Customer Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Does the customer currently have other lines of coverage with The Hartford?  Yes  No

If yes, what lines: \_\_\_\_\_

### Prior Coverage

- Is there a student accident policy currently in-force?  Yes  No In Force Premium Amount: \_\_\_\_\_
- Please attach all available details of current program, including coverage, benefits, limits provided, copy of current contract and 3 to 5 years' premium and loss experience preferably on carrier letterhead.

### Standard Plan Design – Program covers All Students of the school

- \$10,000 AD&D
- \$25,000 Accident Medical Expense (Excess) – 1 year Benefit Period – Usual & Customary
- \$0 Deductible
- Sickness is not covered under this policy

### Alternative – Please list additional benefits or alternate options being requested:

- AD&D \_\_\_\_\_  Deductible \_\_\_\_\_  Other \_\_\_\_\_
- AME \_\_\_\_\_  Benefit Period \_\_\_\_\_

### Exposure – please include the number of students to be covered by the program.

Grade Segment	Number of Students
PreK - 5th	
6 - 8	
9 - 12	

### Athletics – are athletes, teams, and interscholastic events to be covered?

Yes  No

### If yes, does the athletics program include Football or Ice Hockey?

Yes  No

### Agency Information

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Agency Tax ID #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Licensed Agent: \_\_\_\_\_

The Hartford's standard level of commissions is 15%. If different, please indicate. \_\_\_\_\_

Please send applications or questions to [blanketlines@hartfordlife.com](mailto:blanketlines@hartfordlife.com) or fax to (866) 954-3993. For more information, please refer to our website: [www.accidentlines.com](http://www.accidentlines.com).