

AFFILIATION

NCAA NAIA NJCAA OTHER _____

PREVIOUS INSURANCE INFORMATION

YEAR:	Current Year	Prior Year	Prior Year	Prior Year
BENEFITS:				
Maximum Medical				
Deductible				
Benefit Period				
Accidental Death Benefit				
Coverage for Overuse Injuries/Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Coverage for HMO/PPO Denials	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Coverage for Pre-Existing Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Coverage for Heart/Circulatory Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Coverage for Guest/Recruit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
PREMIUM:				
Basic				
Catastrophe (if purchased)				
CLAIMS HISTORY:*				
Number of Claims Paid				
Dollar Amount of Claims Paid				
Through (Date)				
	(Month/Year)	(Month/Year)	(Month/Year)	(Month/Year)
NAME OF INSURER:				

• Please attach carrier loss reports for all years dated no earlier than 3/1 of the current year.

OPTIONS TO BE QUOTED:

Deductible: \$0 \$250 \$500 \$1,000 Other _____

Coverage for Overuse Injuries/Conditions: Yes No Coverage for Pre-Existing Conditions: Yes No

Coverage for HMO/PPO Denials: Yes No Coverage for Heart/Circulatory Conditions: Yes No

Coverage for Guest/Recruit: Yes No

Benefit Period: 1 year 2 year Accidental Death Benefit: \$ _____

Is Catastrophic Coverage desired: Yes No

DATE QUOTE NEEDED: _____

ADDITIONAL INFORMATION: (Please use separate sheet if necessary)

RETURN THIS COMPLETED FORM TO: Associated Insurance Plans International, Inc.



ASSOCIATED
INSURANCE PLANS
INTERNATIONAL, INC.

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Independent Insurance Agents of Wisconsin