

Benchmark INSURANCE

"Specializing in Student Accident Insurance Needs"

Bid Information Sheet:

Return via fax / mail or request a quote through our website at www.mybenchmarkinsurance.com.

Name of School District: _____

Address of School District: _____

Your Name & Title: _____

Your Telephone # & Email Address: _____

Total # of Students in School District: Pre-K – 5: _____ 6 – 8: _____ 9 – 12: _____

Total # of: High School Football Players: _____ High School Athletes: _____ Jr. High Athletes: _____

AAA Classification (circle one): 1A 2A 3A 4A 5A 6A 7A

Effective Date of Policy: _____

Check off Applicable Plan Type/Features (from one of the following three categories):

Compulsory Coverage (All Students):

- All Sports Football All Sports other than Football Excludes Sports
 Intramurals & Gym Extra Curricular Activities
 Other _____

Max Benefit of Plan: _____ Benefit Period: _____

Athletic Coverage:

- All Sports Football Intramurals & Gym Band & Cheerleaders
 Other _____

Max Benefit of Plan: _____ Benefit Period: _____

Voluntary Only Coverage:

- Includes All Sports Excludes Sports Includes Sports Other Than Football

Max Benefit of Plan: _____ Benefit Period: _____

Loss History for the past 4 years along with a copy of your current summary of benefits (note: a bid **cannot** be obtained without **all** of this information):
