



STUDENT ACCIDENT INSURANCE
REQUEST FOR QUOTE

Please let us know you are interested in allowing us to quote the Student Accident Insurance for your district by filling out the following information:

What coverage are you interested in? (Choose all applicable)

All-Student Total Enrollment _____

Athletes Only Total Athletes _____

District Name _____

Contact Person _____

Email Address _____

Address _____

City _____ Zip Code _____

Phone Number _____

We will need the following documentation in order to give an accurate quote:

1. A copy of your current policy's declaration page to show your current coverages
2. Loss runs for the past 3 years

Please either fax or email this form and the requested information back to us. Feel free to contact our office with any questions.

Email: bobbi@bobrobertsins.com

Fax Number: 859-623-0242