

STUDENT ACCIDENT INSURANCE QUOTE REQUEST FORM



CIGNA Group Insurance
Life • Accident • Disability

School Name: _____ School Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Agent Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: _____

1. Do you currently have a Student Accident Program? Yes No

(If Yes, please provide a copy of your current policy's schedule page.)

2. Do you have Interscholastic Football? Yes No

3. Estimated Number of Students:

Grades Student Enrollment

Pre-K - 8 _____

9 - 12 _____

4. Is this a Boarding School: Yes No

5. Previous Experience:

	Current Year	20__	20__	20__	20__
Premium					
Paid Claims					
As of Date					
Insurance Carrier					

6. For Reporting Purposes only:

Is the General Liability coverage being placed with Philadelphia Insurance Companies? Yes No

Request for Quote:

Please provide a Student Accident Insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.

Signed: _____ Title: _____ Date: _____

Please return form to: The Allen J. Flood Companies, 2 Madison Ave., Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326 • Fax: 1-914-834-9330