

Leonard Insurance Services

INTERCOLLEGIATE SPORTS REQUEST FOR PROPOSAL

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Information provided by: _____

Name _____ Title _____

Phone: () _____ Fax: () _____

Please provide the following information for a proposal

	Two Years Prior	One Year Prior	Current Year
1. Maximum Medical Coverage	\$ _____	\$ _____	\$ _____
2. Accidental Death & Dismemberment Benefit	\$ _____	\$ _____	\$ _____
3. Deductible Amount	\$ _____	\$ _____	\$ _____
4. Excess or Primary	_____	_____	_____
5. Benefit Period (1, 2, or 3 Years)	_____	_____	_____
6. Expanded Medical Benefit (Yes or No)	_____	_____	_____
7. Heart Circulatory Coverage (Yes or No)	_____	_____	_____
8. Re-Injury / Re-Aggravation (Yes or No)	_____	_____	_____
9. Pre-Existing Conditions Covered (Yes or No)	_____	_____	_____
10. HMO / PPO Supplement Benefit (Yes or No)	_____	_____	_____
11. Insurance Carrier	_____	_____	_____
12. Coinsurance (Yes* or No)	_____	_____	_____
*If yes, 70%, 80%, or 90%	_____	_____	_____

Quote Current Year Plan (Yes or No) _____

Quote Current Year Plan With the Following Changes: _____

Does Your Current Student Insurance Plan Cover Intramural or Club Sports? _____

If Not, Do You Want These Included? _____

Please Return This Completed Form To:

(Front and Back)

Leonard Insurance Services
4244 Mount Pleasant Street NW Suite 200
North Canton, Ohio 44720
(800) 451-1904 Fax (330) 498-9946

Clark D. Swisher