

K-12 REQUEST FOR PROPOSAL

School District _____ Agent _____

Today's Date _____ Phone # _____ Fax# _____

Contact Person _____

CURRENT PLAN (BLANKET COVERAGE)

Maximum Medical Benefit: \$25,000 Catastrophic Coverage: Yes ___ No ___

Total # of: High Schools _____ Junior Highs _____ UIL Class (circle one): 6A 5A 4A 3A 2A 1A

***If **ALL SCHOOL** coverage is requested, please provide the total # of students for:
PK-8 _____ 9-12 _____

Insurance Carrier: _____ **Benefit Plan:** _____

Football: 6-Man 11-Man NONE

****ALL UIL CLASSES MUST SUBMIT PREMIUM & CLAIMS HISTORY TO QUOTE****

	PREMIUM	CLAIMS	AS OF DATE
2021-2022	_____	_____	_____
2020-2021	_____	_____	_____
2019-2020	_____	_____	_____

OPTIONS

CATASTROPHE COVERAGE

- All School
- All Interscholastic Sports & Activities

CAT/CASH COVERAGE

- \$ 500,000

MAIL or FAX ALL PROPOSALS TO:

THE BROKERAGE STORE, INC.

4091 De Zavala Rd., #3

San Antonio, TX 78249

(210) 366-4800 * (800) 366-4810 * (210) 366-1388

rochelle@thebrokeragestore.com

mrdauid@thebrokeragestore.com