



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): 5A 4A 3A 2A 1A

Insurance Carrier: _____ Benefit Plan: _____

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

	PREMIUM	CLAIMS	AS OF DATE
2015-2016	_____	_____	_____
2014-2015	_____	_____	_____
2013-2014	_____	_____	_____

OPTIONS

CATASTROPHE COVERAGE

- All School
- All Interscholastic Sports & Activities

CAT/CASH COVERAGE

\$ 500,000

MAIL or FAX ALL PROPOSALS TO:

THE BROKERAGE STORE, INC.

4114 Pond Hill Rd., #100

San Antonio, TX 78231

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

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