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Cincinnati, OH 45202
underwriting@getpomi.com

ICS Request for Quote Form

NOTE: Some browsers may not support full PDF functionality. In those instances, please download this form, complete and return to: underwriting@getpomi.com

Requested Effective Date of Coverage _____ Quote Due Date _____

School Information

Name	_____
Contact	_____ Email _____
Address	_____
City	_____ State _____ Zip Code _____
Website	_____
Association	<input type="checkbox"/> NCAA <input type="checkbox"/> NAIA <input type="checkbox"/> NJCAA <input type="checkbox"/> Other _____
Division	_____ Date _____

Desired Benefits

Accidental Death	\$ _____	
Accidental Dismemberment	\$ _____	
Accidental Paralysis	\$ _____	
Accidental Medical Expense	\$ _____	
Deductible	\$ _____	
Coverage	Yes	No
Pre-Existing Conditions	<input type="checkbox"/>	<input type="checkbox"/>
HMO/PPO Denials	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Medical	<input type="checkbox"/>	<input type="checkbox"/>
Heart & Circulatory	<input type="checkbox"/>	<input type="checkbox"/>
Dental Coverage	_____	_____
Guest & Recruit	_____	_____

Estimated Number of Participants

Sports	Men	Women	Total
Archery			
Badminton			
Band			
Baseball			

Estimated Number of Participants *Continued*

Sports	Men	Women	Total
Crew			
Cross Country Running			
Dance			
Drill Team			
Diving			
Equestrian			
Fencing			
Field Hockey			
Football, Tackle-Fall			
Football, Tackle-Spring			
Football, Touch/Flag			
Golf			
Gymnastics			
Handball			
Ice Hockey			
Lacrosse			
Mascots			
Martial Arts			
Racquetball			
Riflery			
Rodeo			
Rowing			
Rugby			
Sailing			
Skiing (<i>Downhill</i>)			
Skiing (<i>Cross-Country</i>)			
Soccer			
Softball			
Squash			
Swimming			
Tennis			
Table Tennis			

Estimated Number of Participants *Continued*

Sports	Men	Women	Total
Track & Field (<i>Indoor</i>)			
Track & Field (<i>Outdoor</i>)			
Volleyball			
Water Polo			
Water Skiing			
Weightlifting			
Wrestling			
Other _____			
Other _____			
Other _____			
Other _____			
Subtotals	_____	_____	
Total Participants	_____		

Previous Insurance Information

Please provide copies of your claims reports for the last five years.

	Current Year	One Year Prior	Two Years Prior	Three Years Prior	Four Years Prior
Carrier					
Deductible					
Max Medical					
Benefit Period					
Dental Limit					
AD&D					
AD&D Aggregate Limit					
Expanded Injury					
HMO/PPO					
Pre-Existing					
Heart & Circulatory					
Guest & Recruit					
Premium Paid					
Claims Paid					
Paid as of Date					

Previous Insurance Information Continued

Please provide information on any changes in sports *(added/deleted)*

Producer Information

Name of Agency _____

Name of Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Requested Commission *(15% is standard)* _____

	Yes	No
Are you a licensed A&H producer in the applicable risk state(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an appointed producer with Great American Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until an application has been approved by the Company.

Signature _____ **Date** _____

Submit