



183 Leader Heights Road  
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Fax: 717.747.7069 | vfis.com  
Return completed application to:  
benefits@vfis.com

### Request for Proposal – Student Accident Coverage

#### General Information

Name of School: \_\_\_\_\_

School's Physical Address: \_\_\_\_\_  
Street City County State Zip Code

School's Mailing Address: \_\_\_\_\_  
PO Box City County State Zip Code

Phone Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Name of School Business Official requesting proposal: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

#### Student Information/Sports Programs/Foreign Travel Eligible Persons are all Full-Time Enrolled Students

Number of Enrolled or Projected Students Grades K-8: \_\_\_\_\_

Number of Enrolled or Projected Students Grades 9-12: \_\_\_\_\_

Number of Enrolled or Projected Adult Education Students: \_\_\_\_\_

Does the school have any Foreign Travel plans?  Yes\*  No

\*If yes, complete the attached Foreign Travel Supplemental for each separate trip prior to travel.

Does the school district have a football team?

Yes  No Number of football students: \_\_\_\_\_

Grade Levels: \_\_\_\_\_

Does the district have any other sports programs?

Yes  No Grade Levels: \_\_\_\_\_

#### Current Coverage information

Effective Date of policy: \_\_\_\_\_ **Please provide: 5 year loss history and a copy of the current coverage declarations page.**

Does the school have a separate catastrophic student accident policy?  Yes  No

Annual Premium: \_\_\_\_\_ Medical Maximum Limit: \_\_\_\_\_

#### Producer Information

Name of Producing Agency: \_\_\_\_\_

Producer Address: \_\_\_\_\_

Producer Telephone Number: \_\_\_\_\_ Producer Email: \_\_\_\_\_

-Policy is experience rated. You may attach any pertinent details to the request for proposal for review by underwriting.

-WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

# Foreign Travel Supplemental

(Please Complete One Form Per Trip Prior To Travel)

1. Name of School?

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2. Travel Destination – list of cities/counties (if more than one)

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3. Dates of trip?

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4. Provide names and ages of those Students who will be traveling?

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5. Provide number of Chaperones?

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6. Provide a list of Daily Activities? Will activities be chaperoned?

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7. Provide an itinerary (Either list below or attach a separate sheet of paper):

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8. Other Comments:

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