**Health Special Risk / Arkansas Student Resources**

Student Athletic/Activities Coverage

K – 12 REQUEST FOR PROPOSAL PLEASE FORWARD THIS FORM TO

 APPROPRIATE DISTRICT PERSONNEL

School District: Phone #:

Contact Person: Fax #:

Proposal Due Date: E-mail:

**Current Student Insurance Plan (Blanket Coverage)**

Maximum Medical Benefit: Current Plan Benefits: Please Attach Copy

Total Number of: High Schools Junior Highs

Coverage Requested: (Check one) Athletics & Activities \_\_\_\_\_\_\_\_ All-School Coverage \_\_\_\_\_\_\_\_\_

AAA Classification (circle one): 1A 2A 3A 4A 5A 6A 7A High School Enrollment

**Claims & Premium Report**

 (Insurance Co.) ($ Amount)

YEAR CARRIER PREMIUM CLAIMS AS OF DATE

2018-2019

2017-2018

2016-2017

**Coverage Requested**

Athletics & Activities Grades 7 – 12: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including Football & Cheerleaders)

All School Including Athletics Grades PK – 12: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletics & Activities Grades 7 – 12 (No Football): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All School Including Athletics ( No Football): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL OR FAX ALL PROPOSALS TO: Kent Holbert

Phone: (903) 886-6943 / (800) 996-6943 Arkansas Student Resources

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