

# Kansas Association of School Boards



## Student Accident Medical Insurance

To receive a customized blanket coverage quote for the 2009-10 school year, please complete the following information and fax to David Shriver at 785-273-7580.

District Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. Number of students grades P-8 \_\_\_\_\_
2. Number of students grades 9-12 \_\_\_\_\_
3. Number of athletes by grade 7-12  
(excluding tackle football) \_\_\_\_\_
4. Number of tackle football athletes \_\_\_\_\_
5. Please include your current plan and schedule of benefits.

*Thank you for your interest in our programs. We will provide you with several affordable options within the next few days. If you have any questions in the meantime, please call David Shriver at 800-432-2471*