



First Student
By FirstRisk Advisors
Student Health Insurance

Intercollegiate Sports Census and Questionnaire

67 W. COURT STREET, DOYLESTOWN, PA 18901
PHONE: (267) 880-2300 | FAX: (267) 880-2301

School Information

NAME OF SCHOOL		
WEBSITE		
MAILING ADDRESS		
CITY	STATE	ZIP
INFORMATION PROVIDED BY		TITLE
ADMINISTRATOR RESPONSIBLE FOR SPORTS ACCIDENT INS.		
TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS		
SPORTS SANCTIONING BODY		DIVISION

SPORTS TO BE INSURED

Please indicate any sports added or deleted over the past 4 years.
Please indicate number of athletes in each sport listed.

SPORT	MALE	FEMALE	SPORT	MALE	FEMALE
ARCHERY			RIFLE		
BAND			RODEO		
BASEBALL			ROWING /CREW		
BASKETBALL			RUGBY		
BOWLING			SAILING		
CHEERLEADING			SKIING		
CROSS COUNTRY			SOCCER		
CYCLING			SOFTBALL		
DANCE			STUDENT MANAGERS		
EQUESTRIAN			SWIMMING / DIVING		
FENCING			TENNIS		
FIELD HOCKEY			TRACK / FIELD		
FOOTBALL (FALL)			VOLLEYBALL		
FOOTBALL (SPRING)			WATER POLO		
GOLF			WEIGHTLIFTING		
GYMNASTICS			WRESTING		
ICE HOCKEY			OTHER		
LACROSSE					
RACQUETBALL					



Software

ATHLETIC TRAINING SOFTWARE	ATS
	SPORTSWEAR
	OTHER:

Risk Management Information

Certified athletic trainer(s) on staff?	YES	NO	
If yes, for which sports is the trainer responsible?			
Team Physician:	ON STAFF	ON RETAINER	
Physician Specialty:	OTHER (PLEASE DESCRIBE)		
Is the Physician Board Certified?	YES	NO	
Does the athletic department or coaching staff routinely:			
Obtain information about athlete's other insurance coverage?	YES	NO	
Require pre-participation physical examination?	YES	NO	
If yes, for which sports?			
Type of Institution?	PUBLIC	PRIVATE	
Type of surface where activities take place?	ARTIFICIAL	GRASS	BOTH
What other activities take place on this surface?			
Does your institution have a medical school which provides care at no cost to the athletes?	YES	NO	
What percentage of your student athletes have primary medical coverage?			



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I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on that information contained in the form and the other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information is complete, true and correct.

APPLICANT'S SIGNATURE

APPLICANTS NAME (PRINT)

DATE (M/D/Y)

Please return this form to:

David Opperman, President

First Risk Advisors
67 W. Court Street
Doylestown, PA 19801

Phone: (267) 880-2300 | Fax: (267) 880-2301
Email: dopper@firstriskadvisors.com