

## 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	

		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					



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Software	
	ATS
ATHLETIC TRAINING SOFTWARE	SPORTSWEAR
	OTHER:

Certified athletic trainer(s) on staff?	YES	NO	
If yes, for which sports is the trainer responsible?			
Team Physician:	ON STAFF	ON STAFF ON RETAINER	
	OTHER (PLEASE DESCRIBE)		
Physician Specialty:			
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	вотн
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?		1	



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Please provide the following information on your current and previous intercollegiate sports program:

opy of Current Policy	
aid Premium for curren	and previous 4 years
etailed paid claims and	claim utilization reports for current YTD and previous 4 years (required)
	of your current insurance carrier ier in each of the previous 4 years
lease confirm the riders	to be included as part of our proposal:
Full Coverage for pre-	existing conditions
Full Coverage for HMF	P/PPO denials benefit
Heart/Circulatory cov	erage
Expanded Medical Be	nefit
Guest/Recruit coverage	ge

We can also provide coverage for intramural and club sports activities, and accident and liability insurance for any camps sponsored by the college or any of the athletic department personnel. Please check which additional coverages are needed:

Intramural Club Camps

If you need coverage for club, intramural sports or camp, complete the following defining the club, intramural, or camp activities to be covered and the number of participants.

Intramural, Club, Camp Census form				
TVDE OF 4 CTIVITY	DESCRIPTION	NUMBER OF PARTICIPANTS		
TYPE OF ACTIVITY		MALES	FEMALES	



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## Student Health Insulance Town (2017) 500 250.

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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