

# Cossio Insurance Agency

P.O.Box 1304 Fountain Inn, South Carolina 29644

Phone 864-862-2838 Fax 801-640-9298

---

## STUDENT ACCIDENT SPORTS CENSUS

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(NAME/TITLE)

## SPORTS TO BE INSURED

\*\*\*Please estimate number of athletes in each sport listed:

	Males Females			Males Females	
Baseball	_____	_____	Rugby	_____	_____
Basketball	_____	_____	Skiing	_____	_____
Bowling	_____	_____	Soccer	_____	_____
Boxing	_____	_____	Swimming/Diving	_____	_____
Cheerleading	_____	_____	Tennis	_____	_____
Cross Country	_____	_____	Track/Field	_____	_____
Field Hockey	_____	_____	Volleyball	_____	_____
Football (Fall)	_____	_____	Water Polo	_____	_____
Football (Spring)	_____	_____	Weightlifting	_____	_____
Golf	_____	_____	Wrestling	_____	_____
Gymnastics	_____	_____	Other _____	_____	_____
Ice Hockey	_____	_____	Other _____	_____	_____
Lacrosse	_____	_____	Other _____	_____	_____
Rodeo	_____	_____	Other _____	_____	_____
Rowing / Crew	_____	_____	Other _____	_____	_____

**Cossio Insurance Agency**

P.O. Box 1304

Fountain Inn, South Carolina 29644

Phone 864-862-2838

Fax 801-640-9268

All students are covered while participating in school sponsored and supervised activities, including interscholastic athletics. A student is also covered while traveling, directly and without interruption, to and from any school sponsored or interscholastic athletic activity and his or her home or place of residence. Coverage is expanded to include all teachers, coaches and staff members.

**MANDATORY UNDERWRITING INFORMATION**

(Failure to submit the following information will delay and/or prevent release of quotation.)

Please provide a copy of the previous years schedule of benefits

	<u>98-99</u>	<u>99-00</u>	<u>00-01</u>	<u>01-02</u>
<b>Previous Insurance Co.:</b>	_____	_____	_____	_____
<b>Coverage Type (Excess/Primary):</b>	_____	_____	_____	_____
<b>Medical Expense Benefit:</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Accidental Death &amp; Dismemberment Benefit:</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Premium Paid:</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Claims Paid:</b>	\$ _____	\$ _____	\$ _____	\$ _____
	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)	As of _____ / _____ (Month) (Year)
<b># of Claims Paid:</b>	_____	_____	_____	_____

What percentage of your students have primary medical insurance coverage? \_\_\_\_\_