



Associated Insurance Plans International in partnership with Student Assurance Services Located in Bruce Crossing, Michigan **Specializing in Student Accident Insurance**

Why Schools Have Student Accident Insurance

- ◆ Each school year, students are susceptible to accidental injuries while participating in school sports or attending regular school session.
- ◆ This type of coverage is designed to protect the school in situations where parents view the school responsible for their child's injury regardless of fault. These difficult situations are becoming more common for schools because family health plans are containing higher deductibles. This is resulting in more families searching for alternative ways to pay for their student's medical expenses (including demanding the school for assistance).
- ◆ A school's liability insurance only provides coverage when there is negligence and proven fault. Many students sustain an injury that is purely accidental and cannot be covered by liability insurance. This, however, does not prevent families from seeking compensation from the school.

Who is Associated Insurance Plans International

- ◆ Associated Insurance Plans International (AIP Student Insurance) is an agency that specializes in providing Student Accident Insurance to Public and Private (K-12) Schools.
- ◆ Foundation Plans are underwritten by Ameritas Life Insurance Corp., currently rated "A" by A.M. Best. Catastrophic Coverage is underwritten by Great American Insurance Group currently rated "A" by A.M. Best.
- ◆ Associated Insurance Plans International (AIP Student Insurance) was incorporated in 1971 and we work exclusively in the Student Insurance field. Customer service has always been our specialty.

What Type of Plans Do We Offer

- ◆ **Foundation Plans:** Medical benefits on foundation plans can range from \$0-\$50,000 per student injury. We offer a variety of plans that are designed to fit a school needs.
Covers students while attending school and/or participating in school sports.
- ◆ **Catastrophic Coverage:** Medical benefits begin after a \$25,000 deductible and have a maximum benefit up to \$5,000,000 for 10 years. There is also a \$10,000 (non-deductible) death benefit. Just like a foundation plan, catastrophic coverage can cover students while attending school and/or participating in school sports. This coverage can also be added onto a foundation plan or purchased as a stand alone policy.
- ◆ **Camp-Recreational-Association Coverage:** This coverage is designed to cover students while they attend a camp or participate in an event that is controlled by an association/program. Medical benefits are from \$0-\$25,000 per student injury.

Quoting Your School District

- ◆ Please fill out the "Request for Quote" form. You can also contact **Terry Harkins** at (800)-452-5772 or office@aipstudentinsurance.com



REQUEST FOR QUOTE

Date by which you need quote returned: _____

SECTION 1 – CONTACT INFORMATION

DISTRICT/SCHOOL: _____
 ADDRESS: _____
 CITY: _____ ST: _____ ZIP: _____
 NAME: _____ PHONE #: (_____) _____
 TITLE: _____ E-MAIL: _____

Instructions (please complete as thoroughly as possible for the best available quote):

SECTION 2 – CURRENT COVERAGE (If your School Currently has a Policy)

STUDENTS HAVE COVERAGE WHEN (check all that apply):

- ATTENDING SCHOOL PARTICIPATING IN EXTRACURRICULAR (Non-Athletic) ACTIVITIES
 PARTICIPATING IN INTERSCHOLASTIC SPORTS
 OTHER (please describe) _____

TYPE OF CURRENT COVERAGE (check all that apply):

- SCHOOL (DISTRICT) PAID COVERAGE PART DISTRICT PAID/ PART VOLUNTARY (Hybrid Plan)
 CATASTROPHIC COVERAGE OTHER (please describe) _____

Current Carrier: _____ Deductible \$ _____ Maximum \$ _____

In order to determine a comparable plan, please provide a copy of your current policy's medical benefits

SECTION 3 – COVERAGE QUOTE

If your school (district) has coverage, are you seeking a quote similar to the current plan?

- YES NO (please describe) _____

If your school (district) currently does NOT have coverage, please explain what type of coverage you would like Student Assurance Services to quote :

SECTION 4 – ENROLLMENT INFORMATION

TOTAL ENROLLMENT (K-12) _____ Number of High Schs./Jr. Highs: _____ / _____
 SR. HIGH ENROLLMENT: _____ JR. HIGH ENROLLMENT: _____
 # of SR. HIGH ATHLETIC PARTICIPANTS: _____ # of JR. HIGH ATHLETIC PARTICIPANTS: _____

SECTION 5 – LOSS HISTORY

	SCHOOL YEAR	PREMIUM PAID(\$)	BENEFITS PAID(\$)	# OF CLAIMS
Current School Year (To Date)	20__ / 20__	\$ _____	\$ _____	_____
Previous School Year	20__ / 20__	\$ _____	\$ _____	_____
2 Years Ago	20__ / 20__	\$ _____	\$ _____	_____
3 Years Ago	20__ / 20__	\$ _____	\$ _____	_____

Return the completed information to: **Mail** - Associated Insurance Plans International (AIP Student Insurance)
 PO Box 67, Bruce Crossing, MI 49912;
Fax - (906) 914-9253; **E-mail** - office@aipstudentinsurance.com

Please call 800-452-5772 if you have questions or need help completing the request.