

K-12 REQUEST FOR PROPOSAL

School District _____ Agent _____

Today's Date _____ Phone # _____ Fax# _____

Contact Person _____

CURRENT PLAN (BLANKET COVERAGE)

Maximum Medical Benefit: \$25,000 Catastrophic Coverage: Yes ___ No ___

Total # of: High Schools _____ Junior Highs _____ UIL Class (circle one): 5A 4A 3A 2A 1A

Insurance Carrier: _____ Benefit Plan: _____



****All UIL CLASSES MUST SUBMIT CLAIMS HISTORY FOR QUOTE****

	PREMIUM	CLAIMS	AS OF DATE
2007-2008	_____	_____	_____
2006-2007	_____	_____	_____
2005-2006	_____	_____	_____



OPTIONS

CATASTROPHE COVERAGE

CAT/CASH COVERAGE

All School

\$500,000 \$1,000,000

All Interscholastic Sports & Activities

**MAIL or FAX ALL PROPOSALS TO:
THE BROKERAGE STORE, INC.
4091 DeZavala Rd., #3
San Antonio, TX 78249
(210) 366-4800 * (800) 366-4810 * (210) 366-1388
joann@thebrokeragestore.com
mrdauid@thebrokeragestore.com**