

Kansas Association of School Boards



Student Accident Medical Insurance

To receive a customized blanket coverage quote for the 2009-10 school year, please complete the following information and fax to David Shriver at 785-273-7580.

District Name: _____

Address: _____

City: _____ Zip: _____

Contact: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____

1. Number of students grades P-8 _____
2. Number of students grades 9-12 _____
3. Number of athletes by grade 7-12
(excluding tackle football) _____
4. Number of tackle football athletes _____
5. Please include your current plan and schedule of benefits.

Thank you for your interest in our programs. We will provide you with several affordable options within the next few days. If you have any questions in the meantime, please call David Shriver at 800-432-2471