

REQUEST FOR K12 QUOTE

School: _____ Agent Requesting Bid: April Craney _____
 Address: _____
 County: _____
 Quote Due : _____ (Please allow 7-10 business days for underwriting to occur.)

Number of Enrolled Students	
All Elementary Schools	_____
Each Middle/Junior High School	_____ total: _____
Each Senior High School	_____ total: _____

Number of Athletic Participants		
Sr High	_____	Jr High _____ Elementary _____
Sr High Football	_____	

Blanket Coverage Desired			
Grades		High Option	Low Option
_____	At School Including Athletics and Activities	_____	_____
_____	At School Excluding Athletics and Activities	_____	_____
_____	Athletics and Activities Only	_____	_____
_____	Other _____	_____	_____
<small>(ROTC, Field Trip, School Band, Work-Based Learning Programs, Headstart)</small>			

This request cannot be handled without the following:

1. Current Premium and Losses from your previous carrier for the past 3 school years.
2. Copy of current policy coverages in effect if applicable.

Agent Signature: _____ Date: _____
 Email to: April@ArizonaStudentAssurancePlans.com or Fax to: 623-572-4369

Arizona Student Assurance Plans, LLC
 20165 N. 67th Ave. Ste. 122A-105
 Glendale, AZ 85308
 623-572-9544