

Colonna Insurance Services, LLC  
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## Quotation Request Form

Name of School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Information provided by: \_\_\_\_\_ Title \_\_\_\_\_  
Phone# ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## Interscholastic Sports

Total number (approximate) of sports participants  
(Any student who plays more than one sport is considered one participant)

High School \_\_\_\_\_  
Jr. High School \_\_\_\_\_

Does your school system participate in football? \_\_\_\_\_

Number of football participants:  
High School \_\_\_\_\_  
Jr. High School \_\_\_\_\_

Does your system participate in Intramural Sports? \_\_\_\_\_

Does your system participate in Club Sports? \_\_\_\_\_

What is the total student population in your schools? \_\_\_\_\_

## Loss Experience Information

Please furnish the following information regarding your interscholastic sports insurance for the present and past five years:

Insurance Company	School Year	Total Premium	Claims Paid
_____	2023-2024	\$ _____	\$ _____
_____	2022-2023	\$ _____	\$ _____
_____	2021-2022	\$ _____	\$ _____
_____	2020-2021	\$ _____	\$ _____
_____	2019-2020	\$ _____	\$ _____