



Guarantee Trust Life Insurance Company

SPORTS - NEW BUSINESS SUBMISSION

2010-2011 School Year

Name of School: _____

Address: _____

City and State: _____

2006-2007 2007-2008 2008-2009 2009-2010

Deductible: _____

Disappearing: _____

Medical Maximum: _____

Expanded Medical: _____

Heart & Circulatory: _____

HMO/PPO: _____

Pre-Existing: _____

Incurring Period: _____

AD&D: _____

Premium: _____

Claims: _____

Policy Changes: _____

Please explain: _____

Please attach a roster of players and sport.

Name of Agency: _____

Contact Person: _____

Are you currently appointed with GTL: Yes _____ No _____

Telephone Number: _____

Requested Compensation: _____

Email Address: _____

Current TPA: _____

Due Date: _____

Please submit data to: StudentQuotes@GTLIC.com
or fax to Special Risk Department (847) 803-1835