

Colonna Insurance Services, LLC
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Wallingford, CT 06492

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QUOTATION REQUEST FORM

Name of School: _____
Address: _____
City: _____ Zip Code: _____
Information Provided by: _____
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 you 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 you interscholastic sports Insurance for the present and past five years:

Insurance Company	School Year	Total Premium	Claims Paid
_____	2024-2025	\$ _____	\$ _____
_____	2023-2024	\$ _____	\$ _____
_____	2022-2023	\$ _____	\$ _____
_____	2021-2022	\$ _____	\$ _____
_____	2020-2021	\$ _____	\$ _____

Please email request to office@colonnainsurance.com