



CAMP AND CLINIC ACCIDENT INSURANCE QUOTE REQUEST FORM

Organization Information	Name of organization					
	Address		City	State	Zip code	
	Contact		Email	Phone		
Agent Information	Agency					
	Address		City	State	Zip code	
	Contact		Email	Phone		
Participant Information	Start date of camp		Finish date of camp			
	1. Do you currently have accident coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide a copy of your current policy's schedule page.)					
	2. Will campers stay overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	3. What is the estimated number of campers per day?					
	4. How many days will camp/clinic be in session?					
	5. Provide a brief description of camp/clinic activities to be covered.					
	6. For sports camps/clinics only, please provide the estimated number of campers per sport, by age group.					
	Fill in Number of Participants by Age Group					
	Sport or Activity		Duration of activity	14 & under	15 - 18	Over 18
	7. Previous experience (Please include a current loss run for all years.)					
		Current year	2010	2011	2012	
Premium						
Paid claims						
As of date						
Insurance carrier						
Quote Request	Please provide an accident insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.					
	Signed (Organization or Agent)		Title	Date		
X						
Please Return Form To	Email		Address			
	Website		Phone		Fax	