



PARTICIPANT 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	Requested effective date of coverage				
	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. Describe who will be covered.				
	3. Provide a brief description of the types of activities to be covered.				
	4. Estimated number of participants for each sport or activity by age group. Please attach additional pages if necessary.				
	Fill in Number of Participants by Age Group				
	Sport or Activity	Duration of activity	14 & under	15 - 18	Over 18
5. Previous experience (Please include a current loss run for all years.)					
Current year		2010	2011	2012	2013
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		
Please Return Form To	<input checked="" type="checkbox"/> Email				
	Address				
	Website		Phone	Fax	