



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.)				
Premium	Current year	2019	2018	2017	2016
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	Email		Address		
	Website		Phone	Fax	