

PARTICIPANT ACCIDENT QUOTE REQUEST FORM

| | | | | | |
|---|--|----------------------|-----------------|-------------------|---------|
| Organization Information | Name of Organization | | | | |
| | Address | | | | |
| | Contact | | | | |
| Agent Information | Agency | | | | |
| | Address | | | | |
| | Contact | | | | |
| | Email | | | | |
| Participant Information | Requested effective date | | | | |
| | Do you have accident coverage | | | | |
| | Describe who will be covered | | | | |
| | Provide brief description of all activities to be covered | | | | |
| | Estimate number of participants for each sport or activity by age group. | | | | |
| | Sport or Activity | Duration of activity | 14 & under | 15-18 | Over 18 |
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| | | | | | |
| Previous Experience (Please include a current loss run for all years) | | | | | |
| | Current | Last Year | Two Years Prior | Three Years Prior | |
| Paid Claims | \$ | \$ | \$ | \$ | |
| As Of Date | \$ | \$ | \$ | \$ | |