



# AMATEUR SPORTS/ACTIVITIES ACCIDENT INSURANCE QUOTE REQUEST FORM

<b>Organization Information</b>	Name of organization				
	Address		City	State	Zip code
	Contact		Email	Phone	
<b>Agent Information</b>	Agency				
	Address		City	State	Zip code
	Contact		Email	Phone	
<b>Participant Information</b>	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. For activities other than sports, please provide a brief description of the types of activities to be covered.				
	3. 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
4. Previous experience (Please include a current loss run for all years.)					
	Current year	2020	2019	2018	2017
Premium					
Paid claims					
As of date					
Insurance carrier					
<b>Quote Request</b>	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				
<b>Please Return Form To</b>	Email		Address		
	Website	Phone	Fax		