

# PARTICIPANT ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested Effective Date of Coverage: \_\_\_\_\_

1. Do you currently have Accident coverage?  Yes  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 by Activity:**

| Activity | Duration of Activity | Number of Participants |         |         |         |
|----------|----------------------|------------------------|---------|---------|---------|
|          |                      | 12 & Under             | 13 - 15 | 16 - 18 | Over 18 |
| _____    | _____                | _____                  | _____   | _____   | _____   |
| _____    | _____                | _____                  | _____   | _____   | _____   |
| _____    | _____                | _____                  | _____   | _____   | _____   |
| _____    | _____                | _____                  | _____   | _____   | _____   |

**5. Previous Experience:** *(Please provide a copy of your current policy's schedule page.)*

|                   | Current Year | 20__ | 20__ | 20__ | 20__ |
|-------------------|--------------|------|------|------|------|
| Premium           |              |      |      |      |      |
| Paid Claims       |              |      |      |      |      |
| As of Date        |              |      |      |      |      |
| Insurance Carrier |              |      |      |      |      |

**6. For Reporting Purposes only:**

Is the General Liability coverage being placed with Philadelphia Insurance Companies?  Yes  No

***Request for Quote:***

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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return form to:*** The Allen J. Flood Companies, 2 Madison Ave., Larchmont, NY 10538  
**info@ajfusa.com • Phone: 1-800-734-9326 • Fax: 1-914-834-9330**