



# SPORTS CAMP/SPECIAL RISK

## INFORMATION REQUEST FORM

*In order to best satisfy your insurance needs, please provide us with the following information:*

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip Code ( ) Phone Number

**Information provided by:** \_\_\_\_\_

Name

Title

*Please list the following (attach additional sheet if more space is needed):*

Type of Activity	Number of Participants	Age Group	Dates of Activity	
			Start	End
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Are activities listed above overnight?*  Yes  No

If yes, which ones? \_\_\_\_\_

**Current coverage:**

**Accident Medical:**

Carrier \_\_\_\_\_

Deductible \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**Liability:**

Carrier \_\_\_\_\_

Deductible \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**Coverage options to be quoted:**

A. Accident medical coverage only:

Deductible  \$0  Other \$ \_\_\_\_\_

Medical maximum  \$3,000  \$5,000  \$10,000  Other \$ \_\_\_\_\_

B. Is liability coverage desired?  Yes  No

(A medical accident policy with at least \$10,000 benefit is required with liability coverage.)

**Date quote needed:** \_\_\_\_\_

**Please return this completed form to:**

**First Agency**  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: 269-381-6630  
Fax: 269-492-0084  
E-mail: 1stAgency@1stAgency.com