



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	Length of Activity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 (Accident Medical coverage may be provided by itself or in conjunction with the Liability Coverage):

A. Accident Medical Coverage only:

Deductible \$0 Quote Current Coverage Other _____

B. Liability Coverage Yes No

Quote Current Coverage Other _____

Date quote needed _____