



Special Risk Insurance - Accident & Health Request for Quote Form

Submission Date: _____

Quote Due Date: _____

Requested Effective Date: _____

1. Client Information

Name of Group/Organization: _____

Name of Contact: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Website: _____

2. Risk Information

Type of Group:

- Camp Non-Profit Hotel Sports
 Daycare Volunteer Students Other (Identify) _____

Total Number of Participants: _____

If applicable, Number of Participants by Age:

12 & Under: _____ 13-15: _____ 16-18: _____ 19 & Above: _____

Maximum Age: _____

Description of Covered Persons: _____

Describe Covered Activities: _____

Travel To/From: Yes No

Multiple State Coverage: Yes No

If yes, identify states: _____

3. Desired Benefits

Accidental Death: \$ _____

Accidental Dismemberment: \$ _____

Accidental Medical Expense: \$ _____

 Primary Excess Primary Excess Other (Identify) _____

Deductible: \$ _____

Maximum Benefit Period:

 52 Weeks 104 Weeks Other (Identify) _____

Other Benefits Requested: _____

Aggregate Limit per Occurrence: \$ _____

4. Prior CoverageIs there a plan currently in-force? Yes No

If Yes, Carrier Name: _____ Effective Date: _____

Is this a voluntary program? Yes No

If Yes, explain: _____

Please provide us with a copy of the current effective policy, premium, and loss history for the last three years.

5. Producer Information

Name of Agency: _____

Name of Contact: _____

Address: _____
(Street)_____
(City) (State) (Zip Code)

Phone Number: _____ Email: _____

Requested Commission: _____

Are you a licensed A&H Producer in the applicable risk state(s)? Yes NoAre you an appointed Producer with Great American Insurance Company? Yes No**I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until an application has been approved by the Company.**_____
Signature_____
Date

Submit completed form to AccidentAndHealth@gaig.com or 800-305-8015 (toll efax).