



790 Township Line Rd, Ste 150
Yardley, PA 19067
800-475-2691
800-305-8015 Fax
AccidentAndHealth@gaig.com

Special Risk Insurance - Accident & Health Request for Quote Form

Complete this form and submit it to AccidentAndHealth@gaig.com.

Submission Date _____

Quote Due Date _____

Requested Effective Date _____

1. Client Information

Name of Group/Organization _____

Name of Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Website _____

2. Risk Information

Type of Group

- Camp
 Non-Profits
 Hotel Guest
 Youth Sports
 Daycare
 Volunteer
 Student Accident
 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
	<input type="checkbox"/>	<input type="checkbox"/>
Multiple State Coverage	<input type="checkbox"/>	<input type="checkbox"/>
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 Coverage

Yes No

Is 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 _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Requested Commission _____

Yes No

Are you a licensed A&H Producer in the applicable risk state(s)? Yes No

Are 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 _____