



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

Student Accident Insurance Request for Quote Form

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

Requested Effective Date of Coverage _____ Quote Due Date _____

School Information

Yes No

Name _____		Contact _____	
Address _____		City _____	
State _____	Zip Code _____	Website _____	
Do you currently have a Student Accident Program? If yes, please provide a copy of the current policy.		<input type="checkbox"/>	<input type="checkbox"/>
Do you have interscholastic sports?		<input type="checkbox"/>	<input type="checkbox"/>
Estimated Number of Students (per grade)	Pre-K - 8 _____	9 - 12 _____	
Estimated Number of Participants	Volunteers _____	Homeschool _____	
Type of Coverage			
<input type="checkbox"/> School Time <input type="checkbox"/> 24-Hour <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Travel to and from sponsored activities			
Previous Experience	Current Year	20 _____	20 _____
Premium			
Paid Claims			
As of Date			
Insurance Carrier			

If there is prior experience, please provide loss runs

Desired Benefits (if no prior policy in force)

Yes No

Accidental Death \$ _____	Accidental Dismemberment \$ _____
Aggregate Limit per Occurrence \$ _____	Accidental Medical Expense \$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Primary Excess	
Deductible \$ _____	
Maximum Benefit Period	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks <input type="checkbox"/> Other (Identify) _____
Catastrophic Coverage	<input type="checkbox"/> <input type="checkbox"/>
Other Benefits Requested _____	

Agency Information

Name of Agency _____	Agency Contact _____
Address _____	City _____
State _____	Zip Code _____
Phone Number _____	Email _____
	Requested Commission _____

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 _____