



Participant Accident Insurance Request for Quote Form

**NOTE: Some browsers may not support full PDF functionality. In those instances, please download this form, complete and return to:
AHUnderwriting@graig.com.**

Requested Effective Date of Coverage _____ Quote Due Date _____

Client Information

Name _____
Contact _____ Email _____
Address _____ City _____
State _____ Zip Code _____ Website _____

Risk Information

Type of Group

Camp Day Participants _____ Overnight Participants _____
 Non-Profit Sports (*Identify*) _____
 Child Development/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 (*Who is to be covered*)

Describe Covered Activities

Travel To/From

Yes No

Desired Benefits

Accidental Death \$ _____
Accidental Dismemberment \$ _____
Accidental Paralysis \$ _____
Accidental Medical Expense \$ _____

Excess Primary

Maximum Benefit Period 52 Weeks 104 Weeks

Other Benefits Requested

Aggregate Limit per Occurrence (*Standard is 10 times the Accidental Death Benefit*) \$ _____

Prior Coverage

Is there a plan currently in-force?

If yes, Carrier Name _____

Effective Date _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Name of Agency _____

Name of Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Requested Commission (15% is standard) _____

Are you a licensed A&H producer in the applicable risk state(s)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you an appointed producer with Great American Insurance Company?

<input type="checkbox"/>	<input type="checkbox"/>
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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 _____