



## 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@gaig.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

	Yes	No
Travel To/From	<input type="checkbox"/>	<input type="checkbox"/>

### 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?

**Yes****No**☐☐**If yes**, Carrier Name \_\_\_\_\_ Effective Date \_\_\_\_\_**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) \_\_\_\_\_

**Yes****No**☐☐

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

☐☐

Are you an appointed producer with Great American Insurance Company?

**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** \_\_\_\_\_