



Student 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 _____

School Information

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

Do you currently have a Student Accident Program? Yes No

If yes, please provide a copy of the current policy.

Do you have interscholastic sports? Yes No

Estimated Number of Students (per grade)

Kindergarten & below _____ Grades 1-6 _____
 Grades 7-8 excluding interscholastic sports _____ Grades 7-8 including interscholastic sports _____
 Grades 9-12 excluding interscholastic sports _____ Grades 9-12 football _____
 Grades 9-12 including interscholastic sports except football _____

Overnight Field Trips (per school/school year) _____

Estimated Number of Participants: _____ Volunteers _____

Type of Coverage

School Time 24-Hour Mandatory Travel to and from sponsored activities

Previous Experience	Current Year	20 _____	20 _____	20 _____	20 _____	20 _____
Premium						
Paid Claims						
As of Date						
Insurance Carrier						

If there is prior experience, please provide loss runs

Desired Benefits

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

Excess Primary

Maximum Benefit Period	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Catastrophic Coverage		<input type="checkbox"/> Yes <input type="checkbox"/> No

Desired Benefits ContinuedLimit Options \$1M \$3M \$6M Other _____

Other Benefits Requested _____

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you an appointed producer with Great American Insurance Company?

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