



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@gaig.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 ☐ 52 Weeks ☐ 104 Weeks Yes ☐ No ☐

Catastrophic Coverage Yes ☐ 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) _____

	Yes	No
Are you a licensed A&H producer in the applicable risk state(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an appointed producer with Great American Insurance Company?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____