

Special Risk Application

Submission Date: _____ Quote Date: _____

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

Type of Business: ☐ Team ☐ Club ☐ Association ☐ League
 ☐ Not for Profit ☐ Employer ☐ Other _____

Number of persons to be covered by age:

12 & under _____ 13 to 15 _____ 16 to 18 _____ 19& older _____ Max age _____

Description of persons covered: _____

Description of activities to be covered: _____

Amount of exposure by each person covered (length of season, length of trip, number of events, tournament dates): _____

Should coverage include travel to and from activities listed above: ☐ Yes ☐ No

Benefit Plan Desired:

Accidental Death:	\$_____
Accidental Dismemberment:	\$_____
Accidental Paralysis:	\$_____
Accident Medical Expense:	\$_____
Deductible:	\$_____
Primary or Excess:	_____

Weekly Accident Indemnity

Maximum weekly amount \$ _____

Elimination period _____ days

Maximum duration _____ weeks

Other requested benefits: _____

Aggregate Limit: _____

Include non-commercial aviation coverage: ☐ Yes ☐ No

If yes, please provide details of exposure: _____

How are premiums to be paid (annually, monthly): _____

Prior Coverage

If no prior coverage, please check here: ☐

Insurance Company Name: _____

Effective Date: _____ Renewal Date: _____

Please provide details of the current program, including coverage, benefits, copy of current policy and a minimum of three (3) years premium and loss history. Please also provide detailed claims data for all risk with a premium of \$50,000 or higher.

Requested dates of coverage: _____

Broker Information:

Agency Name: _____

Agency Address: _____

Contact Name: _____

Telephone: _____ Fax: _____ E-mail: _____

Should you have any questions, please feel free to

contact:
