



PARTICIPANT ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization:

Street Address:

City:

State:

Zip:

Contact:

Email:

Phone:

Fax:

Requested effective date of coverage:

1. Do you currently have Accident coverage? Yes No
If yes, please submit a copy of the expiring policy and currently-dated loss runs for the most recent five policy years.

2. Describe who will be covered:

3. Provide a brief description of the types of activities to be covered:

4. Estimated Number of Participants By Activity

Activity	Duration of Activity	Number of Participants by Age Group			
		12 & Under	13 – 15	16 -18	Over 18

ACKNOWLEDGEMENTS AND SIGNATURES

a. **Fraud Warning** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

b. **Applicant’s Acknowledgement** I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive office of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed: _____

Title:

Date:

Agent Name:

Agency:

Address:

City:

State:

Zip:

Email:

Phone:

Fax:

Please return form to: Philadelphia Insurance Companies, 500 Mamaroneck Avenue, Suite #402, Harrison NY 10528
AH@phly.com • Phone: 1.800.734.9326