

CAMP AND CLINIC ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: _____ Contact: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

Start date of camp: _____ Finish date of camp: _____

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. Will campers stay overnight? Yes No
3. What is the estimated number of campers per day?
4. How many days will camp / clinic be in session?
5. Provide a brief description of camp / clinic activities to be covered:

6. For Sports Camps / Clinics only **(Please provide the estimated number of campers per sport, by age group.)**

Sport	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: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

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