

STUDENT ACCIDENT INSURANCE QUOTE REQUEST FORM

School Name: _____ School Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: _____

1. Do you currently have a Student Accident Program? Yes No
 If yes, please provide a copy of your current policy's schedule page.
2. Do you have Interscholastic Football? Yes No
3. Estimated Number of Students:

Grades	Student Enrollment
Pre-K – 8	
9 - 12	

4. Is this a Boarding School? Yes No
5. Previous Experience:

	Current Year	20	20	20	20
Premium					
Paid Claims					
As of Date					
Insurance Carrier					

Request for Quote:

Please provide a Student Accident Insurance quote based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.

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: The Allen J. Flood Companies, 2 Madison Avenue, Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326