![Philadelphia Insurance Companies — A Member of the Tokio Marine Group]

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
AH@phly.com ● Phone: 1.800.734.9326