

## 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

- 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.
- 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](mailto:AH@phly.com) • Phone: 1.800.734.9326