

SPECIAL EVENTS AND SPORTS & RECREATION ACCIDENT MEDICAL INSURANCE PROGRAMS

PHLY Marketing Representative:

QUOTE REQUEST FORM

Enrollment form must be completed and returned for underwriter review. Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is Named Insured's formal request to obtain insurance through the Special Markets Special Events and Sports & Recreation Accident Medical Insurance Program.

ACCOUNT INFORMATION

Named Insured _____
(as to be shown on policy declarations page)

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Physical Address _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Please use additional sheet to list Activity Start & End Dates if more than one Activity is held.

Named Insured is: Individual Partnership Corporation Association Other: _____ Non Profit

Years this entity in business _____ Years experience for this owner _____

COVERAGE REQUESTED:

Accident Medical Limits	<input type="checkbox"/> \$25,000		
Deductible Limits	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500
Coverage Type	<input type="checkbox"/> Full Excess	<input type="checkbox"/> Primary Excess	
	If Primary Excess, what amount <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500		

TYPE OF ORGANIZATION League Team Association All Star Game/Tournament
 Day Camp/Clinic _____ # of Days Overnight Camp/Clinic _____ # of Days Other _____

Sport / Activity	Age(s)	Number of Participants
_____	Ages 12 & Under	_____
_____	Ages 13 – 15	_____
_____	Ages 16 – 18	_____
_____	Ages 19 & up	_____
_____	Coaches	_____
_____	Officials/Umpires	_____
_____	Volunteers	_____

For Activities other than Sports, please provide a brief description of activities to be covered.

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UNDERWRITING INFORMATION

Do you currently have Accident Coverage?

1. Do you currently have Accident Medical Coverage? Yes No
 a. If yes, please provide a copy of your current policy's schedule page.

PRIOR INSURANCE INFORMATION

Provide minimum three years information.

Year	Company	Type of Claim	Claim Amount

For Reporting Purposes only:

Is the General Liability coverage being placed with Philadelphia Insurance Companies? Yes No

PLEASE RETURN FORM TO:

Special Markets Insurance Consultants, Inc.
 2615 Post Road
 Stevens Point, WI 54481
 Phone: (800) 727-7642 • Fax: (715) 344-6126
 Email: info@specialmarkets.com

FRAUD STATEMENT (Not applicable in Colorado, Florida, New Jersey, & Virginia)

Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or settlement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and (New York: substantial) civil penalties. In Maine and Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____	License Number: _____
Agent Name (Printed): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	Proposal Number: _____