

CAMP AND CLINIC ACCIDENT INSURANCE QUOTE REQUEST FORM



CIGNA Group Insurance
Life • Accident • Disability

Name of Organization: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Agent Name: _____ Agency: _____

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 provide a copy of your current policy's schedule page.)

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			
	12 & Under	13 - 15	16 - 18	Over 18
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Previous Experience:

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

8. For Reporting Purposes only:

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

Request for Quote:

Please provide an 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.

Signed: _____ Title: _____ Date: _____

Please return form to:

The Allen J. Flood Companies, 2 Madison Ave., Larchmont, NY 10538
info@ajfusa.com • Phone: **1-800-734-9326** • Fax: **1-914-834-9330**