



5021 Green Hills Rd.
Festus, MO 63028
Phone: (636) 337-7028
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REQUEST FOR CAMPER & ATHLETIC LEAGUE INSURANCE PROGRAMS

Name of Policyholder _____

Address _____

Street

City

State

Zip code

Policy term: beginning _____ and ending _____.

Type of Group: Team Club Association League Not For Profit

Employer Other _____

CURRENT OR PROPOSED PLAN OF INSURANCE

AD&D Benefit \$ _____ Maximum Medical Expense Benefit \$ _____

Deductible \$ _____ Benefit Period _____

Coverage: Excess _____ Primary _____ Expiring Rate (if applicable) \$ _____

Current Insurance Company (include a copy of the declarations page) _____

Policy to cover: Participants Only _____ Participants & Policyholder Staff/Volunteers _____

Day Camp _____ Overnight Stay _____

Approx. number of campers:

< age 5	_____
5 - 8	_____
8 - 10	_____
10 - 15	_____
15 - 18	_____
18 +	_____

Description of camper activities _____

Athletic league and Sports Camp (indicate the sport and the number of participants):

MALE

Baseball	_____	Basketball	_____	Soccer	_____
Softball	_____	Boxing	_____	Swimming	_____
Cheerleading	_____	Tennis	_____	Field Hockey	_____
Volleyball	_____	Football, Flag	_____	Golf	_____
Gymnastics	_____	Ice Hockey	_____	Lacrosse	_____

FEMALE

Baseball	_____	Basketball	_____	Soccer	_____
Softball	_____	Boxing	_____	Swimming	_____
Cheerleading	_____	Tennis	_____	Field Hockey	_____
Volleyball	_____	Football, Flag	_____	Golf	_____
Gymnastics	_____	Ice Hockey	_____	Lacrosse	_____

INSURANCE HISTORY

Three years of policy experience: Please include this information—either loss runs or on policyholder or insurance company letterhead. If there has not been any prior insurance history, please indicate so. Loss experience should have a current valuation date.

Broker Information:

Agency Name _____

Agency Address _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Proposal Needed By _____