

AMATEUR SPORTS / ACTIVITIES ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Email: _____ Phone: _____ Fax: _____

Requested effective date of coverage: _____

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. For activities other than sports, please provide a brief description of activities to be covered:

3. Estimated Number of Participants By Sport or Activity

| Sport or Activity | Duration of Activity | Number of Participants By Age Group | | | | |
|-------------------|----------------------|-------------------------------------|---------|---------|--------|---------|
| | | 9 & Under | 10 - 12 | 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: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Fax: _____

Please return form to: The Allen J. Flood Companies, 2 Madison Avenue, Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326