



Sports & Recreation Insurance Request For Quote

Request for quote 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 Accident Medical Insurance Program.

Account Information:

Named Insured _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Named Insured is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Association ☐ Other: _____

- Coverage Requested:**
- ☐ Spectator General Liability (**participants are excluded**)
 - ☐ Participant General Liability (participants are included (accident coverage required))
 - ☐ Accident Medical ☐ \$25,000 Limit ☐ Other Limit _____
 - ☐ Liquor Liability Coverage
 - ☐ Abuse or Molestation Coverage

Type of Organization: ☐ League ☐ Team ☐ Association ☐ All Star Game/Tournament

☐ Day Camp/Clinic _____ # of Days ☐ Overnight Camp/Clinic _____ # of Days ☐ Other _____

Dates of Camps _____

Number of Participants Per Sport / Activity:

Sport / Activity	Baseball Example	Soccer Example	<div></div> Other/ Specify	<div></div> Other/ Specify	<div></div> Other/ Specify	<div></div> Other /Specify	<div></div> Other /Specify
12 & Under	_____	_____	_____	_____	_____	_____	_____
13 – 15	_____	_____	_____	_____	_____	_____	_____
16 – 18	_____	_____	_____	_____	_____	_____	_____
19 & Older	_____	_____	_____	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____	_____	_____	_____
Coaches	_____	_____	_____	_____	_____	_____	_____
Officials/Umpires	_____	_____	_____	_____	_____	_____	_____

Number of est. spectators for all Sports/ Activities insured: _____

Underwriting Information:

Do you require participants and volunteers to sign waivers?

☐ Yes

☐ No

Do you have procedures for screening employees, coaches, volunteers?

☐ Yes

☐ No

Do you have a written contract with the facilities you utilize?

☐ Yes

☐ No

Are you contractually obligated to name facility owners as additional insureds?

☐ Yes

☐ No

If yes complete the following:

Additional Insured Name

Address

Relationship to you (example: facility owner)

Does this organization currently have insurance coverage?

☐ Yes

☐ No

If yes complete the following:

Year

Company Name

Type of Coverage

Premium

Claims

For Reporting Purposes only:

Is the General Liability coverage being placed with Philadelphia Insurance Companies?

☐ Yes

☐ No

Make Check Payable & Return 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 request for quote form 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 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: _____

Date: _____

(Licensed Agent)

Email Address: _____

Proposal Number: _____