



Accident/Medical Quotation

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As activities vary, some questions may not be applicable.

**Please indicate N/A where necessary.

GENERAL INFORMATION

1. Organization Name:

Legal Name: _____

Coverage Term _____ through _____

2. Facility Address: _____

(Street) (City, State, Zip)

Mailing Address (if different) _____

(Street) (City, State, Zip)

3. Contact Person: _____

4. Telephone Number: () _____ Fax Number: () _____

5. Web site address: _____ Date of Formation: _____

6. Person responsible for general operation of activities:

7. Year's of experience and type of experience: _____

8. How do you wish to receive your quotation?

Via Fax _____

Via E-mail _____

Via Mail _____

INSURANCE INFORMATION

8. Current Policy Expiration Date: _____

Current Insurance Co: _____

Current Expiring Premium: _____

9. Has any insurer ever canceled or refused coverage? Yes No

If yes, please explain: _____

NUMBER OF PARTICIPANTS

10.

Youth _____
Adults _____

LIST OF ACTIVITIES (please break down by participant numbers if applicable)

11.

COVERAGES DESIRED

12.

Maximum Medical Benefit \$ _____
Accidental Death & Dismemberment Benefit \$ _____
Deductible \$ _____

Other coverage needs: _____

UNDERWRITING

13. Total Annual Gross Receipts: \$ _____ Admissions: \$ _____
Concessions: \$ _____ Retail: \$ _____ Fees: \$ _____

14. Number of employees: Full-time _____ Part-time _____

15. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? Yes No

If yes, please describe: _____

16. Please describe medical and first aid facilities provided: _____

17. Are childcare services provided? Yes No

If yes, do you do background checks on individuals providing child care services?

Yes No Please explain the services offered and the procedures in place to protect the children while in your care. _____

GENERAL QUESTIONS

- a. Yes No Are rules posted conspicuously and enforced at all times?
- b. Yes No Are participants required to wear safety equipment during play?
- c. Yes No Are the referees or coaches employees of your organization?
- d. Yes No Are written emergency procedures in place? (attach copy)

Please also provide **(quote will not be released until all of these materials are received and reviewed):**

Loss runs for the past three years (if applicable)
Emergency procedures

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer’s receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by McGowan Program Administrators.

Signature of Applicant _____

Date _____

Signature of Licensed Agent _____

Agency Name and Address _____