



Date: _____

Contact Name: _____

Legal Entity Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Website: _____

Type of Group (check one) Team Club League Tournament

Description of Group: _____

Is this an association? Yes No If yes, additional information may be required _____

Description of Sports activities: _____

Total number of Participants: _____

Maximum Age: _____

Number of participants by age: 12 and under: _____ 13-15: _____ 16-18: _____

Percentage of participants by gender Male: _____ Female: _____

Length of the season and number of events: _____

Years of Experience: _____

If no prior coverage, check here

If prior coverage is in force, please provide Declaration Pages and Loss Runs.

Benefits Offered:

Accidental Death:	\$5,000
Incurral Period:	365 Days
Accidental Dismemberment:	\$5,000
Incurral Period:	365 Days
Accidental Death & Dismemberment	\$250,000 Per Accident
Aggregate Limit:	
Accident Medical Expense (Excess):	\$5,000
Deductible:	\$500
Benefit Period:	52 Weeks
Incurral Period:	90 Days
Dental Maximum:	\$250 per tooth per accident
Coma:	\$5,000
Incurral Period:	90 Days
Paralysis:	\$5,000
Incurral Period:	90 Days
Quadriplegia:	100%
Tri/Paraplegia:	75%
Hemiplegia:	50%

Higher limits are available; please contact our office for more information.