SUPPLEMENTAL ACCIDENT INSURANCE questionnaire

Named Insured:

Address:

Activity Type(s):

Requested Effective Date:

## PROHIBITED CIRCUMSTANCES

1. Is the applicant a school (other than eligible pre-schools)?  Yes  No
2. Are any participants considered professionals or compensated athletes?  Yes  No
3. Are all youth activities supervised by an adult member of the organization?  Yes  No

## COVERAGE INFORMATION & RATING (See program information for available options)

1. Medical Expense Benefit:
2. Accidental Death & Dismemberment (Principal Sum):
3. Deductible Amount:       Primary\* or Excess Coverage:

\*Primary coverage is only available for certain programs.

|  |  |
| --- | --- |
| Activity Type | # of Participants or Teams |
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**Rating Details:**

- If multiple age groups are being rated for in a single activity type, the rate from the highest rated age group with at least 10% of the participants should be used for premium computation.

- Team discounts available for certain activity types, please see specific program information.

- Premium subject to certain minimums, see specific program information for minimum premiums.

## IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date