Bob McCloskey INSURANCE
Got You Covered

Participant & Volunteer Accident Insurance Quote Request

Name of Group/Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Form Completed By: _____ **Title:** _____

Phone: _____ **Email:** _____

Term of Coverage Requested	☐ Short-Term ☐ Annual **|** Effective Dates: _____ to _____
Type of Group	☐ Camp/Clinic ☐ Volunteer ☐ Non-Profit ☐ Daycare ☐ Recreational Organization ☐ Civic/Fraternal Organization ☐ Association ☐ Religious Organization ☐ Other
Description of Covered Activities:	

Number of Participants	Ages 12 & Under: _____	Ages 12-18: _____	Ages 18 & Older: _____

REQUESTED BENEFITS					
Accident Medical Expense Maximum	☐ $5,000	☐ $10,000	☐ $15,000	☐ $25,000	☐ Other
Accidental Death & Dismemberment	☐ $5,000	☐ $10,000	☐ $15,000	☐ $25,000	☐ Other

Type of Coverage	☐ Excess ☐ Primary	**Deductible Requested**	☐ Corridor ☐ Integrated
Benefit Period	☐ 1 year ☐ 2 years ☐ 3 years		

IF YOU HAVE CURRENT COVERAGE, PLEASE COMPLETE THE FOLLOWING INFORMATION

Policy Benefits	**Current Year**	**1 Year Prior**	**2 Years Prior**	**3 Years Prior**	**4 Years Prior**
Insurance Carrier					
Medical Max					
Deductible					
Benefit Period					
Premium Paid					
Claims Paid					

In order to present you with a formal proposal for your participant accident insurance, we will need the above information completed and submitted. Please also include a copy of your insurance policy and a copy of the claim reports for the above 5 policy years if there is currently coverage in effect.

Please complete and submit to specialrisk@bobmccloskey.com or via fax at 732.583.9610. If you have any questions or would like to discuss further, please contact our office at 800.445.3126.