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## **QUOTE REQUEST FORM ~ CAMP AND CLINIC ACCIDENT & LIABILITY INSURANCE**

Please Print Legibly	
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Contact:	Name of Organization:		· · · · · · · · · · · · · · · · · · ·				
Email:	Contact:						
Name of Camp:      Yes      No         Principal Approved:      Yes      No         JCPS outside use permit required      Yes      No         JCPS outside use permit required      Yes      No         Proceeds from Camp go to:	Address:	City:		State:	Zip:		
Principal Approved:      Yes      No         JCPS outside use permit required      Yes      No         questions) www.       Proceeds from Camp go to:	Email:	Phone:		Fax:			
JCPS outside use permit required       Yes       No         (questions) www.       Proceeds from Camp go to:	Name of Camp:						
Start/Finish Date of Camp:       /       Number of Days Camp will operate:         Sport or Activity:	JCPS outside use permit required		-				
Sport or Activity:	Proceeds from Camp go to:						
1. Will Campers stay overnight?YesNo If yes, how many nights?         2. Provide a brief description of Camp/Clinic Activities to be covered:	Start/Finish Date of Camp: / Number of Days Camp will operate:						
2. Provide a brief description of Camp/Clinic Activities to be covered:	Sport or Activity:						
<ul> <li>4. Please provide the estimated number of campers, high school staff and coaches per day per activity or sport, by age group. <ul> <li>Campers</li> <li>Student Staff</li> <li>Coaches</li> </ul> </li> <li>5. Previous Experience: Please provide a copy of your current policy's schedule page, if any. <ul> <li>Current Year</li> <li>20</li> <li>20</li> <li>20</li> </ul> </li> <li>Premium <ul> <li>Paid Claims</li> <li>As of Date</li> <li>Insurance Carrier</li> </ul> </li> <li>Request for Quote: Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate. </li> </ul>							
activity or sport, by age group.       Campers       Student Staff       Coaches         11 & Under       12-14       15-18       Over 18         5. Previous Experience: Please provide a copy of your current policy's schedule page, if any.		I number of com	nora high gabag	al staff and accord	a non dou non		
Current Year       20       20       20         Premium	activity or sport, by age group. Campers Student Staff Coac						
Current Year       20       20       20         Premium	5. Previous Experience: Pleas	e provide a conv	of your current	policy's schedule	nage if any.		
Premium       Premium         Paid Claims       Paid Claims         As of Date       Paid Claims         Insurance Carrier       Paid Claims         Request for Quote:       Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.	· · · · · ·			<b>A V</b>			
As of Date       Image: Carrier         Insurance Carrier       Image: Carrier         Request for Quote:       Image: Carrier         Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.	Premium						
Insurance Carrier       Insurance Carrier         Request for Quote:       Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.	Paid Claims						
<b>Request for Quote:</b> Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.							
Please provide Accident and Liability Insurance Quotes based on the information provided on this form and any attachments. To the best of my knowledge, all information provided is complete and accurate.	Insurance Carrier						
Signed:          Date:	Please provide Accident and Liabilit			-	•		
	Signed:	Signed:        Date:					

For questions, please contact: Thomas Wobbe, (502) 244-1343Email: <u>Twobbe@uscky.com</u>

Note: This is a request for quote and no coverage has been bound. Application and Check made payable to Underwriters Safety & Claims must be received by Underwriters Safety and Claims prior to the Camp/Clinic.