



Underwriters Safety & Claims  
P.O. Box 23790  
Louisville, KY 40223

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

**Please Print Legibly**

Name of Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Principal Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

JCPS outside use permit required \_\_\_\_\_ Yes \_\_\_\_\_ No

(questions) www. \_\_\_\_\_

Proceeds from Camp go to: \_\_\_\_\_

Start/Finish Date of Camp: \_\_\_\_\_ / \_\_\_\_\_ Number of Days Camp will operate: \_\_\_\_\_

Sport or Activity: \_\_\_\_\_

1. Will Campers stay overnight? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many nights? \_\_\_\_\_

2. Provide a brief description of Camp/Clinic Activities to be covered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location: \_\_\_\_\_

4. Please provide the estimated number of campers, high school staff and coaches per day per 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.

	Current Year	20 _____	20 _____	20 _____
Premium				
Paid Claims				
As of Date				
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.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions, please contact:** Thomas Wobbe, (502) 244-1343 Email: [Twobbe@uscky.com](mailto:Twobbe@uscky.com)

**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.