



# Special Risk Questionnaire

Submission Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Requested Expiration Date: \_\_\_\_\_

## RISK INFORMATION

Policyholder Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Nature of Organization: \_\_\_\_\_ Website Address: \_\_\_\_\_

## TYPE OF GROUP *(Please check one)*

Amateur Sports & Entertainment:  Team  Club  League  Public Entity  Camp  Other \_\_\_\_\_

Non-Profit:  Volunteer  Faith-Based Organization  Camp  Other \_\_\_\_\_

Education:  Day Care/Nursery  K-12 Schools  Colleges/Universities  Vocational Schools  Camp  Other \_\_\_\_\_

Customer:  Bank  Financial Institution  Other \_\_\_\_\_

Other Group: \_\_\_\_\_

Is this an association?  Yes  No *If yes, please provide bylaws and articles of incorporation. Additional information may be required.*

Description of Covered Persons: \_\_\_\_\_

Describe Activities to be Covered: \_\_\_\_\_

Include travel to and from covered activity:  Yes  No

## BENEFIT SCHEDULE

Accidental Death \$ \_\_\_\_\_

Accidental Dismemberment \$ \_\_\_\_\_

Accidental Paralysis \$ \_\_\_\_\_

Accident Medical Expense Benefit \$ \_\_\_\_\_  Primary  Excess

Deductible \$ \_\_\_\_\_

Co-Insurance Percentage *(if applicable)* \_\_\_\_\_

Catastrophic Cash \$ \_\_\_\_\_

Other Requested Benefits \_\_\_\_\_

Aggregate Limit Per Occurrence \$ \_\_\_\_\_

continued >

## EXPERIENCE

If no prior coverage, check here

Name of present carrier (attach a copy of current contract, if available) \_\_\_\_\_

Name of claims TPA, if any: \_\_\_\_\_

How are premiums remitted? (monthly, quarterly, annually, other) \_\_\_\_\_ Expiring Rate: \_\_\_\_\_

Premium/Loss History:

Please attach loss runs or complete the chart below:

Term	Earned Premium	Incurred Losses	Number of Losses

## EXPOSURE

Total Number of Participants: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

Number of Participants by Age: 12 and under: \_\_\_\_\_ 13-15: \_\_\_\_\_ 16-18: \_\_\_\_\_ Over 18: \_\_\_\_\_ Over 69: \_\_\_\_\_

Percentage of participants by gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Coverage Duration (length of season, number of events, meetings, tournaments, etc.): \_\_\_\_\_

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

**Note - Insurance coverage is mandatory for all eligible participants of the Policyholder.**

## PRODUCER INFORMATION

Producer/Agency Name: \_\_\_\_\_

A&H Licensed Responsible Agent: \_\_\_\_\_

*Note: Please provide a copy of your resident agent license as well as your license in the proposed policyholder state, if not already on file.*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name (if other than A&H Licensed Responsible Agent): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Requested Commission: \_\_\_\_\_

*(Include justification if in excess of 15%)*

Are you the incumbent broker?  Yes  No



Bring on tomorrow

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Please note that agency and responsible agent need to be appropriately licensed and appointed where required. Benefits and coverages may not be available in all states. Not all groups are eligible.