

Accident Medical Insurance Application

Risk Information

Organization Name:

DBA:

Address:

City, State, Zip Code:

Contact Name:

Contact Phone:

Contact Title:

Contact Email:

Target Effective Date of Coverage:

Exposure Section

Description of Event/Classes:

Date(s) of Event/Classes:

Number of Participants:

Number of Staff:

Number of Volunteers:

Number of Spectators:

Event/Class Exposure Grid

Age Group	Sport Played	Event Start Date(s)	Event End Date(s)	Number of Athletic Participants	
7 and under					
7 - 15					
16 – 23					
24 – 35					
36 – 49					
50 and over					

Accident Medical Insurance Application

Insurance History

Do you currently have Accident Medical coverage?
If so, what insurance company is it with?
Have there been any Accident losses in the last 3 years?

Benefit & Limits

- Accidental Death & Dismemberment -
- Accident Medical Expense –
- Dental Maximum – (included in the AME)
- Integrated Deductible –
- Coverage Type – Primary or Excess

Event/Class Information

Please include any brochures, marketing materials, website addresses, etc.

Signature

Title

Date

Send completed application to

Action Sports Insurance Services
701 B Street, Suite 246
San Diego, CA 92101

rob@actionsportsinsurance.com

fax – 619-595-0381