



790 Township Line Rd, Ste 150
 Yardley, PA 19067
 800-475-2691
 800-305-8015 Fax
 AccidentAndHealth@gaig.com

RESET

Student Accident Insurance Request for Quote Form

Requested Effective Date of Coverage _____ Quote Due Date _____

School Information

Yes No

Name _____	Contact _____
Address _____	City _____
State _____ Zip Code _____	Website _____
Do you currently have a Student Accident Program? If yes , please provide a copy of the current policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have interscholastic sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Students (<i>per grade</i>)	Pre-K - 8 _____ 9 - 12 _____
Estimated Number of Participants	Volunteers _____ Homeschool _____
Type of Coverage	
<input type="checkbox"/> School Time	<input type="checkbox"/> 24-Hour
<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary
<input type="checkbox"/> Travel to and from sponsored activities	
Previous Experience	Current Year
20 _____	20 _____
20 _____	20 _____
20 _____	20 _____
Premium	
Paid Claims	
As of Date	
Insurance Carrier	

If there is prior experience, please provide loss runs

Desired Benefits (if no prior policy in force)

Yes No

Accidental Death \$ _____	Accidental Dismemberment \$ _____
Aggregate Limit per Occurrence \$ _____	Accidental Medical Expense \$ _____
<input type="checkbox"/> Primary	<input type="checkbox"/> Excess
<input type="checkbox"/> Primary Excess	
Deductible \$ _____	
Maximum Benefit Period	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks <input type="checkbox"/> Other (<i>Identify</i>) _____
Catastrophic Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Benefits Requested _____	

Agency Information

Name of Agency _____	Agency Contact _____
Address _____	City _____
State _____ Zip Code _____	Email _____
Phone Number _____	Requested Commission _____

I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until an application has been approved by the Company.

Signature _____ Date _____

RESET

PRINT

SUBMIT