

PARTICIPANT ACCIDENT INSURANCE QUOTE REQUEST FORM



CIGNA Group Insurance
Life • Accident • Disability

Name of Organization: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

Agent Name: _____ Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____ Fax: (____) _____

Requested Effective Date of Coverage: _____

1. Describe who will be covered:

2. Provide a brief description of the types of activities to be covered:

3. Estimated Number of Participants by Activity:

Activity	Duration of Activity	Number of Participants			
		12 & Under	13 – 15	16 – 18	Over 18
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Previous Experience: (Please provide a copy of your current policy's schedule page.)

	Current Year	20__	20__	20__	20__
Premium					
Paid Claims					
As of Date					
Insurance Carrier					

Request for Quote:

Please provide an Accident Insurance quote 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: _____

Please return form to:

The Allen J. Flood Companies, 2 Madison Ave., Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326 • Fax: 1-914-834-9330