



CAMP & CLINIC ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: _____ Contact: _____

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

Email: _____ Phone: _____ Fax: _____

Start Date of Camp: _____ Finish Date of Camp: _____

1. Do you currently have accident coverage? Yes No
(If yes, please provide a copy of your current policy's schedule page.)
2. Will campers stay overnight? Yes No
3. What is the estimated number of campers per day? _____
4. How many days will camp/clinic be in session? _____
5. Provide a brief description of camp/clinic activities to be covered: _____

6. For sports camps/clinics only: (Please provide the estimated number of campers per sport, by age group.)

| Sport: | Number of Participants: | | | |
|--------|-------------------------|-------|-------|---------|
| | 12 and under | 13-15 | 16-18 | Over 18 |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

7. Previous Experience

| | 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: Pike Insurance Agency, LLC
901 Lily Creek Road, Suite 201
Louisville, KY 40243

P O Box 206157
Louisville, KY 40250
Office 502-473-5454 | Fax 502-473-8695
glenn@louisvilleins.com