



SPECIAL EVENTS AND SPORTS & RECREATION ACCIDENT MEDICAL INSURANCE PROGRAMS

ACCOUNT INFORMATION

Name Insured: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Fax: _____ Website: _____
 Physical Address: _____
 Contact Person: _____ Title: _____ Phone: _____
 Effective Date: _____ Expiration Date: _____
 Activity Start Date: _____ Activity End Date: _____
 (Please use additional sheet to list activity start and end dates if more than one activity is held.)

Named Insured is: Individual Partnership Corporation Association Other: _____ Non-Profit

Years this entity in business: _____ Years experience for this owner: _____

COVERAGE REQUESTED

Accident Medical Limits \$25,000
 Deductible Limits \$0 \$100 \$250 \$500
 Coverage Type Full Excess Primary Excess
If primary excess, what amount \$100 \$300 \$500

TYPE OF ORGANIZATION League Team Association All Star Game/Tournament
 Day Camp/Clinic _____ # of Days Overnight Camp/Clinic _____ # of Days Other

Sport/Activity	Age(s)	Number of Participants
_____	Ages 12 and Under	_____
_____	Ages 13 - 15	_____
_____	Ages 16 - 18	_____
_____	Ages 19 and Up	_____
_____	Coaches	_____
_____	Officials/Umpires	_____
_____	Volunteers	_____

For activities other than sports, please provide a brief description of activities to be covered. _____



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UNDERWRITING INFORMATION

Do you currently have Accident Coverage?

1. Do you currently have Accident Medical Coverage? Yes No
- a. If yes, please provide a copy of your current policy's schedule page.

PRIOR INSURANCE INFORMATION

Provide minimum three years information.

Year	Company	Type of Claim	Claim Amount

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

FRAUD STATEMENT (Not applicable in Colorado, Florida, New Jersey and Virginia)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or settlement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and (New York: substantial) civil penalties. In Maine and Virginia, insurance benefits may be denied and penalties include imprisonment and fines.

Applicant's Statement and Declarations

The applicant declares to the best of his/her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature _____ Date _____

Printed Name _____ Title _____