



AMATEUR SPORTS/ACTIVITES ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: _____ Contact: _____

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

Email: _____ Phone: _____ Fax: _____

Requested Effective Date of Coverage: _____

1. Do you currently have accident coverage? Yes No

(If yes, please provide a copy of your current policy's schedule page.)

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

6. Estimated number of participants by sport or activity:

Sport or activity:	Duration of activity	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

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