



Powered by Great American Insurance Group

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Cincinnati, OH 45202
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Participant Accident Insurance Request for Quote Form

NOTE: Some browsers may not support full PDF functionality. In those instances, please download this form, complete and return to: underwriting@getpomi.com

Requested Effective Date of Coverage _____ Quote Due Date _____

Client Information

Name _____		
Contact _____	Email _____	
Address _____		City _____
State _____	Zip Code _____	Website _____

Risk Information

Type of Group

- Camp Day Participants _____ Overnight Participants _____
- Non-Profit Sports (Identify) _____
- Child Development/Daycare Volunteer Students
- Other (Identify) _____

Total Number of Participants _____

If applicable, Number of Participants by Age

12 & Under _____ 13-15 _____ 16-18 _____ 19 & Above _____

Maximum Age _____

Description of Covered Persons (Who is to be covered)

Describe Covered Activities

	Yes	No
Travel To/From	<input type="checkbox"/>	<input type="checkbox"/>

Desired Benefits

Accidental Death	\$ _____
Accidental Dismemberment	\$ _____
Accidental Paralysis	\$ _____
Accidental Medical Expense	\$ _____
<input type="checkbox"/> Excess <input type="checkbox"/> Primary	
Maximum Benefit Period	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks

Desired Benefits Continued

Other Benefits Requested

Aggregate Limit per Occurrence (Standard is 10 times the Accidental Death Benefit) \$ _____

Prior Coverage

Is there a plan currently in-force? Yes No
If yes, Carrier Name _____ Effective Date _____

Please provide us with a copy of the current effective policy, premium, and loss history for the last three years.

Producer Information

Name of Agency _____

Name of Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Requested Commission (15% is standard) _____

Are you a licensed A&H producer in the applicable risk state(s)? Yes No

Are you an appointed producer with Great American Insurance Company? Yes No

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 _____

