Special Risk Insurance
Request for Quote

Instructions to obtain a Quote:

1. Complete as much information as possible for a quick accurate quote.
   Additional information may need to be attained before quoting.
2. Save completed form to your computer
3. Please send this form to: Email: info@studentinsuranceusa.com, or Fax: (310) 826-1601
   For additional assistance call (310) 826-5688

Submission of this form does not guarantee coverage. Quote will be offered if risk meets Underwriting Guidelines. Payment of premium is required 20 days after binding coverage.

SUBMISSION REQUIREMENTS

1. ❑ Currently valued, carrier-generated Loss Reports for the last three years.
2. ❑ Copy of expiring policy

ACCOUNT INFORMATION

Named Insured _____
(to be shown on policy declarations page)

Physical Address _____ Email _____

City _____ State _____ Zip _____

Fax _____ Website _____

Mailing Address _____

Location Address(es) (please attach additional pages if needed) _____

_____

Contact Person _____ Title _____ Phone _____

Effective Date _____ Expiration Date _____

Activity Start Date _____ Activity End Date _____

Named Insured is: ❑ Individual ❑ Partnership ❑ Corporation ❑ Association ❑ LLC ❑ Non-Profit
❑ Other: _____ Tax Status: ❑Taxable or ❑Tax Exempt 501(c)_____

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

Total Assets _____ Fund Balance _____ Annual Salary/Wages Expense _____

Coverage Requested: ❑ Accident Medical Medical Limits: ❑ $10,000 ❑ $25,000 ❑ Other Limit $_____
Accident Medical Deductible Options: ❑ $0 ❑ $100 ❑ $250 ❑$500 ❑ $1,000 ❑ Other Limit$_____

- ❑ Participant General Liability (Participants & spectators are included, accident coverage is required and Section E must be completed)
  Limits of Insurance Requested $ _____
- ❑ Spectator General Liability (if checked, Section E must be completed)
  Limits of Insurance Requested $ _____
- ❑ Abuse & Molestation (complete Section C) Limits of Insurance Requested $ _____
- ❑ Hired/Non-Owned Auto Cost of Hire: _____
- ❑ Miscellaneous Equipment Coverage (Inland Marine) Limits of Insurance Requested $ _____
- ❑ Directors & Officers Coverage (complete Section D) FEIN _____

Type of Organization

❑ Club, Group or Association **(complete Section A)**
❑ Non-Sport Camp or Trip **(complete Section B)**

SECTION A – Club, Group or Association Underwriting Information

Describe all activities you are requesting insurance coverage for: _____

_____

_____

_____

Age(s)	Number of Participants	Age(s)	Number of Participants
Ages 12 & Under	_____	Ages 19 & up	_____
Ages 13 – 15	_____	Volunteers	_____
Ages 16 – 18	_____		

SECTION B – Non-Sport Camp or Trip Underwriting Information

Type of Camp (please check all that apply): ❑ Day ❑ Overnight ❑ Trip ❑ Youth ❑ Adult ❑ Special Needs
❑ Other (specify): ___________________ Describe all activities you are requesting insurance coverage for: _______________

____

____

CAMP OR TRIP LOCATION(S) / ACTIVITIES

	Starts			Ends			No. of Days	Age Range	Estimated Number to be Insured
Name and Address of Camp or Trip Location	MO	DAY	YR	MO	DAY	YR			
								12 &Under	
								13-15	
								16-18	
								19 & Over	
☐ Day ☐ Overnight								Volunteers	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
☐ Day ☐ Overnight								Volunteers	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
☐ Day ☐ Overnight								Volunteers	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
☐ Day ☐ Overnight								Volunteers	
								12 &Under	
								13-15	
								16-18	
								19 & Over	
☐ Day ☐ Overnight								Volunteers	

Section C - Abuse & Molestation

1. Do you do criminal background investigations on all those involved with children? ❑ Yes ❑ No
2. Do you verify employment related references? ❑ Yes ❑ No
3. Do you have written procedures along with formal training for dealing with sexual abuse? ❑ Yes ❑ No
4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? ❑ Yes ❑ No
5. Has your organization ever had an incident which resulted in an allegation of sexual abuse? ❑ Yes ❑ No
   If yes, please describe. ____

   ____

   ____

   a) Was a claim made against the organization? ❑ Yes ❑ No
   b) Was the case settled? ❑ Yes ❑ No
   c) Was the case taken to trial? ❑ Yes ❑ No
   d) How much money was paid in damages to the victim $_____________
6. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any directly with any children? ❑ Yes ❑ No
7. Does your staff (paid and volunteer) employment application include questions on whether the the individual has ever been convicted of sex-related or child-abuse related offense? ❑ Yes ❑ No
8. Do you conduct a personal interview? ❑ Yes ❑ No
9. Regarding coverage for abuse & molestation, does your current insurance:
   a) Exclude coverage? ❑ Yes ❑ No
   b) Limit coverage? (please indicate limit of liability $___________________) ❑ Yes ❑ No
   c) Neither exclude nor limit coverage ❑ Yes ❑ No
10. How many years of management experience does the owner have? ______________
11. Please indicate age range of clients. ______________
12. How long do you maintain copies of all documentation *(i.e. employment applications, background investigations, MVR's)*? ______________ *(recommend at least 7 years for claim purposes)*

Section D: Directors and Officers

1. What is the Named Insured's tax-exempt status under the US Internal Revenue Service Code? _____
2. Describe the Named Insured's nature of operations: _____

_____

3. Provide the following financial information with respect to the Named Insured:

Total Assets (000): $_____ Fund Balance (net assets) (000): $_____ As of Fiscal Year End: Date: _____

4. Number of Employees for Current Year:

Full Time _____ Part Time _____ Seasonal _____ Temporary _____ Volunteers _____

5. Does the Named Insured have any subsidiaries: ❑ Yes ❑ No If yes, how many? _____

6. During the last 5 years, has the Named Insured or any of the Named Insured Persons received any demands for monetary or non-monetary relief, been involved in, or had any knowledge of any civil or criminal action, administrative or arbitration proceedings? ❑ Yes ❑ No

7. Is any Named Insured aware of any fact, circumstance or situation involving any Insureds that might reasonably be expected to result in a Claim? ❑ Yes ❑ No

If "yes" to any part of questions 6 or 7. above, please provide full details for each allegation, even if the matter has since been settled or otherwise resolved by providing the following information for each allegation by attachment:

(a.) Date Claim first made (b.) Claimant's name (c.) Allegation (d.) Current Status
(e.) Demand Amount (f.) Settlement (indemnity) or Reserve Amount (g.) Attorney's fees

Section E - Underwriting Information (complete if requesting General Liability)

Do you require all event participants and volunteers to sign waivers?	❑ **Yes**	❑ **No**
Do you have a written contract in place with all persons or entities you contract with?	❑ **Yes**	❑ **No**
Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities?	❑ **Yes**	❑ **No**
Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so?	❑ **Yes**	❑ **No**
Are you contractually obligated to name any organization as an additional insured?	❑ **Yes**	❑ **No**

If yes complete the following if requesting General Liability:

Additional Insured Name* Complete Address Relationship to you (examples below)**

_____

_____

*Additional Insured Certificates – Each additional Insured Certificate is $35.00 (non-commissionable).
**Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

Do you currently have or have you had Accident Medical Coverage and/or General Liability? ❑ **Yes** ❑ **No**

- **a.** If yes, please provide a copy of your current policy's schedule page.
- **b.** If yes, please provide 3 years loss experience.

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** _____

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies cannot be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: Student Insurance
License Number: 0386216
Agent Name (Printed): Marie Martinelli
Agent Address: 10801 National Blvd. #603
City, State, Zip: Los Angeles, CA 90064
Phone Number: 310-826-5688
Signature: _____ (Licensed Agent)
Date: _____
Email Address: info@studentinsuranceusa.com
Proposal Number: _____