



SPECIAL RISK INSURANCE REQUEST FOR PROPOSAL

Proposed Policyholder: _____

Address: _____

Proposed Policy Term: _____, 20____ to _____, 20____
(Month/Day) (Year) (Month/Day) (Year)

Group Demographics:

Type of Activity: _____
Number of Meetings during Policy Term: _____

<u>Ages of Participants</u>	<u># In Age Group</u>	<u>Ages of Participants</u>	<u># In Age Group</u>
0 - 10	_____	30 - 40	_____
10 - 20	_____	40 - 50	_____
20 - 30	_____	50 & Over	_____

Describe any group travel by nature, reason and method of travel (include average length of trips: _____

Describe nature of all group activities: _____

Plan Structure:

Benefits	Option I	Option II	Option III
Accidental Death & Dismemberment	\$ _____	\$ _____	\$ _____
Accident Medical Expense Benefit Primary or Excess*	\$ _____	\$ _____	\$ _____
Deductible Per Occurrence*	\$ _____	\$ _____	\$ _____

**In some instances a minimum deductible may be required and/or primary accident medical expenses may not be available.*

Loss History: Has group had similar coverage in place previously? Yes No
If "yes", please provide the following information:

Policy Term	Deductible	Premium	Losses

If "no", were there any incidents in the past three years that would have given rise to a claim had there been any insurance in force? Yes No
If "yes", please provide details on reverse or on a separate sheet of paper.

Date: _____ **Signature:** _____

Agent: _____