



YOUTH/ADULT SPORTS PROGRAM QUESTIONNAIRE

Proposed Policyholder: _____

Address: _____

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

Group Demographics:

Athletic Activity/Sport	# of Participants by Age Group			
	12 & Under	13 - 15	16 - 18	19 & Over

- Is Coverage Desired:**
- During Play Only
 - During Play and Practice Only
 - During Play and Practice, including supervised travel as a group directly to and from Play and Practice

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: _____