

Shannon & Luchs Insurance Agency, Inc.

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Accident Coverage for Volunteers Quotation Request

1. Named Insured: _____
2. Mailing Address: _____

3. Name of Event: _____
4. Location of Event: _____
5. Dates of Coverage Desired: From _____ To _____

Coverages & Benefit Limits:

Accidental Death – Maximum Benefit:	\$ 25,000.
Accidental Dismemberment – Maximum Benefit:	\$ 25,000.
Accidental Medical Expense – Maximum Benefit:	\$ 25,000.
Dental Limit:	Included in Accidental Medical Expense Benefit
Deductible Amount:	\$ 0.

6. Activities to be Covered (please be specific):

Type of Event / Activities	How Often Held	No. of Volunteers	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Are supervisors included in the above numbers? Yes No
8. What experience to the volunteers and supervisors have in the activities to be covered?

9. If similar accident coverage for volunteers has been carried in the past, please given details:

Policy Year: _____

Premium: \$ _____ \$ _____ \$ _____

Claims Incurred: \$ _____ \$ _____ \$ _____

Contact Person: _____ Phone: _____ Fax: _____

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Applicant's signature

Date

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