



Special Risk Quote Request Form

Quote Due Date:
Requested Effective Date:

Client Information

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website Address (if available): _____

Standard Industrial Classification (SIC) Code (If Available): _____

Type of Business: School Sports Team Camp Religious Group Recreational Group
Charitable/Civic Organization Other

Risk & Exposure Data

Description of Persons Covered:

Estimated Number of Persons to Be Covered by Age/Activity:

Activity	Duration of Activity	Number of Persons by Age Group			
		12 & Under	13 - 15	16 - 18	Over 18

Should coverage include travel to and from activities listed above? Yes No

Additional Exposure Information: _____

Plan Design

Type and Amount of Benefit:

Accidental Death	\$10,000	\$25,000	\$50,000	Other: \$
Accidental Dismemberment	\$10,000	\$25,000	\$50,000	Other: \$
Aggregate Limit:				
Accidental Paralysis	\$10,000	\$25,000	\$50,000	Other: \$
Accidental Medical Expense	\$10,000	\$25,000	\$50,000	Other: \$
	Primary Coverage		Excess Coverage	
Deductible	\$0	\$50	\$100	Other: \$
Benefit Period	52 Weeks	104 Weeks		

Weekly Accident Indemnity (Temporary Total Disability):

Include Weekly Accident Indemnity? Yes No

Maximum Weekly Amount \$

Elimination Period Days

Maximum Duration Weeks

Other Requested Benefits

Prior Coverage

Is there an accident policy currently in-force? Yes No

If yes, please provide the following information about current coverage:

Current Insurance Company Name:

Effective Date: Renewal Date:

Please provide the following details on the current program as separate attachments when returning this form:

- Copy of current policy
- A minimum of three (3) years premium and loss history
- Detailed claims data for all risks with a premium of \$50,000 or higher

Producer Information

Agency Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Contact Name: _____

Phone: _____

Email: _____

Are you appointed with Chubb?

Yes

No

Requested Commission: _____%

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