



## Blanket Special Risk QUESTIONNAIRE

Group Name \_\_\_\_\_ Date Submitted \_\_\_\_\_  
 Address \_\_\_\_\_ Effective Date \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Effective Date \_\_\_\_\_

**CONFIRMATION OF CLAIMS:**

If there are claims, please attach loss run and check this box:

If no claims within 5 years, check this box:

If this is a new venture, check this box:

**TYPE OF GROUP (Please check one)**

Team  Club  League  Tournament  Facility  Other \_\_\_\_\_

If accident coverage is in place, please include a copy of the policy or SPD, and check this box:

Organization or Team Name (Policyholder): \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_

Have you had more than \$5,000 of total claims in the last three years?  Yes  No

Are waivers obtained for all athletic participants, including youth?  Yes  No

Are clinic instructors properly trained in First Aid/CPR?  Yes  No

Is First Aid equipment available?  Yes  No Is this an overnight camp?  Yes  No

**BENEFIT SCHEDULE**

Accidental Death \$ \_\_\_\_\_

Accidental Dismemberment \$ \_\_\_\_\_

Accidental Paralysis \$ \_\_\_\_\_

Accident Medical Expense \$ \_\_\_\_\_  Primary  Excess

Accident Deductible Youth: \$ \_\_\_\_\_ Adult: \$ \_\_\_\_\_

Aggregate Limit per Occurrence \$ \_\_\_\_\_

Other Requested Benefits \$ \_\_\_\_\_

**EXPERIENCE / CLAIM HISTORY**

If there are claims, please provide loss run or complete the chart below:

TERM	EARNED	PREMIUM	INCURRED LOSSES	# OF LOSSES



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### EXPOSURE INFORMATION

Sports to be played: \_\_\_\_\_

	AGE 12 & UNDER	AGE 13 - 15	AGE 16 - 18	AGE 19 & OVER
<b>Total # of Participants:</b>				
<b>Duration (# of days):</b>				
<b>Events (# of events):</b>				

### PRODUCER INFORMATION

Producer/Agency Name: \_\_\_\_\_

A&H Licensed Responsible Agent: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(Please provide a copy of your residence agent license as well as your license in the proposed policyholder.) (If other than A&H Licensed Responsible Agent.)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Are you the Incumbent Broker?  Yes  No Website Address: \_\_\_\_\_

**Please submit this form to Ron Wooten at [ron@continentalbrokers.biz](mailto:ron@continentalbrokers.biz)  
or simply call with any questions: 800-844-0536 ext. 2229.**