SPORTS & FITNESS
INSURANCE CORPORATION

Accident Medical
Supplemental

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
Do you sublease space? ☐Yes ☐No
Do you have cryotherapy? ☐Yes ☐No *Please note that our program does NOT insure Cryotherapy.

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
Total # of Participants:				
Duration (# of days):				
Events (# of events):				

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 or simply call with any questions: 800-844-0536 ext. 2229.