

ENROLLMENT REQUEST FOR SPECIAL RISK ACCIDENT INSURANCE

Name of Group: _____

Address, City, State & Zip: _____

Contact Person: _____ Email: _____

Phone: _____ FAX Number: _____

Effective Date: _____ Termination Date: _____

Activity Start Date _____ Activity End Date _____

Please use additional sheet to list Activity Start & End Dates if more than one Activity is held.

No. Youth Participants (Ages 18 & under): _____ No. Adult Participants (Ages 19 & up): _____

Provide a detailed list of all sponsored and supervised activities (Such as if the activity is a trip, please list where the participants will be going, what they will be doing, whether it is a day trip or an overnight trip.): _____

BENEFITS AS SHOWN IN QUOTATION

Sport/Activity	Age(s)	Number of Participants	x	Rate	x	Number of Day(s)/Night(s)	=	Premium Calculation
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____
_____	_____	_____		_____		_____		_____

Policy Administration Fee: _____

Total Premium* Due: _____

*Please refer to the quote for Accident Medical Minimum Premium amounts. Minimum Premium & Policy Fee and Non-Refundable.

Make Check Payable & Mail to: Special Markets Insurance Consultants, Inc.
 2615 Post Road
 Stevens Point, WI 54481

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. **Premium must be in the office shown above within 72 hours of binding coverage. Minimum Premium and Policy Fee are Fully Earned and Non-Refundable.**

The above information is correct to the best of my knowledge.

Authorized Signature _____

Name (printed) _____

Title _____

Date _____

All above information requested is required for policy issuance. The licensed appointed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

Local/Regional Licensed Agency

Agency Name: _____ The Young Group, Inc. _____ License Number: _____

Agent Name (Printed): _____ Doug Young _____ Agent Address: _____ 256 W. Millbrook Road _____

City, State, Zip: _____ Raleigh, NC 27609 _____ Phone Number: _____ (919) 846-9798 _____

Signature: _____ Date: _____
 (Licensed Agent)

Email Address: _____ Proposal Number: _____