



Please return this questionnaire to reserve@providentins.com

PO Box 11588 - 272 Alpha Drive - Pittsburgh, PA 15238
(800) 447-0360 - Fax (412) 963-0415 - providentins.com

Special Risks Questionnaire

Submission Date:

Date Proposal(s) Needed:

Requested Coverage Effective Date:

CUSTOMER INFORMATION

Policyholder Name (as it should appear on a policy):

Physical Address:

City: County: State: Zip Code:

Mailing Address: (check if same as above)

City: County: State: Zip Code:

Name of Contact: Phone:

Email Address: Website:

RISK DATA

Type of Group: Team/League Club Association* Not-for-Profit
 Employer Other Camps/Clinics

*If Association, please provide copy of by-laws

Description of Covered Persons:

Describe Activities to be Covered:

EXPOSURE

Amount of Exposure - please indicate the # of events, activities, meetings, tournaments, etc.):

Frequency of Exposure: Daily Weekly Monthly Annually

Total Number of Participants:

By Age: 12 & Under 13-15 years Maximum Age:
 16-18 years 19 & Above



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BENEFITS SCHEDULE

Accidental Death & Dismemberment (\$):

Accidental Paralysis (if available): Yes No

Accidental Medical Expense Benefit Maximum (\$):

Medical Expense Coverage: Excess Only

Deductible (\$): \$0 \$100 \$250 \$500 Other

Maximum Benefit Period: 52 Weeks 104 Weeks

Do you wish to include travel to and from Covered Activity? Yes No

Other Requested Benefits:

PRIOR COVERAGE

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

Effective Date:

Current/Target Premium (\$):

Please include Benefit Declaration Pages of in-force coverage.

Please include 5-year loss history, if available.

BROKER INFORMATION

Agency:

Mailing Address:

City:

State:

Zip Code:

Contact Name:

License Number:

Email Address:

Phone Number: