

PARTICIPANT ACCIDENT – REQUEST FOR QUOTE

GENERAL INFORMATION

Requesting Organization _____
Address _____
City _____ ST _____ Zip _____
Contact Name _____ Email _____ Website _____
Phone Number (____) _____ Fax (____) _____ Cell Phone (____) _____

EVENT INFORMATION

Total Number of Annual Events: _____ Number of Event Days: _____
Average Number of Participants: _____ Age Groups of Participants: _____
Is Coverage 100% Mandatory?: ___Yes ___No
Has Coverage been declined/cancelled in the past three years?: ___Yes ___No

**Please provide updated Loss Runs for past three years*

Type of Events Conducted

Limits of Insurance Requested: _____ Accident Excess Medical
_____ Accidental Death & Dismemberment
_____ Per-Claim Deductible

This form must be signed and dated.

Signature _____
Email Address _____ Phone number _____
Date _____

Return completed form to:

Western Specialty Insurors, LLC.

P.O. Box 310, Pleasant Hill, MO 64080-0310

(816) 398 2774 Fax (913) 341 0901 www.eventprotect.net/www.rodeoins.com