

# **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.***  
1116 Remington Plaza - Suite C, Raymore, MO 64083  
(888) 866-3550 Fax (816) 623-5982 [www.rodeoins.com](http://www.rodeoins.com)