

Accident Medical Insurance Application

insurevents.com

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Your Company Name				Years Experience		
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		

Underwriting Information

Desired Policy Effective Date		Desired Policy Expiration Date		Type of Business / Activity	
Number of Daily Participants	Number of Daily Volunteers	Number of Daily Staff	Number of Daily Spectators	Number of Activity Days	
Name of Location where events will be held			Address		
City		State	Zip	Telephone	Fax
Describe your activities in Detail					
Who was your Previous Insurance Company?		Premium Paid	List any previous claims		
		\$			

For Insurance Agents & Brokers Only

Your Company Name						
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		