

## CHUBB GROUP OF INSURANCE COMPANIES

	Special Risk Quote Request Form
	Submission Date:
	Quote Due Date:
	Req. Effective Date:
CUSTOMER INFORMATION	
Name of Group:	
Name of Contact:	
Street Address:	
City:	State: Zip Code:
Telephone Number:	Fax Number:
Email Address:	
Nature of Business:	Standard Industrial Classification (SIC):
RISK DATA	
	Club Association* Not-for-Profit  Other Camps/Clinics   vide copy of by-laws
Description of Covered Persons:	
Describe Activities to be Covered:	
Participating in Covered Activities Onl	ly Travel to and from Covered Activity
BENEFITS SCHEDULE	
Accidental Death & Dismemberment (\$):	
Accidental Paralysis: Yes \( \square\)	lo 🗌
Accidental Medical Expense Benefit Maximur	· · · _ — — — — — — — — — — — — — — — —
Deductible (\$): \$0 \$100	☐ \$250 ☐ \$500 ☐ Other
Medical Expense Coverage: ☐ Primary  Maximum Benefit Period: ☐ 52 Wee	
Other Requested Benefits:	
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Aggregate Limit per Occurrence (\$):	



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PRIOR COVERAGE		
Is there an accident insurance policy currently in- Effective Date:		No 🗌
If YES, please provide the following information for  Name of the current carrier  Premium  Paid and pending losses  Number of Claims  Plan changes during that experience Period  Detailed claim information from the carrier, if		ree full years of coverage by year:
EXPOSURE		
Number of participants: By Age:	12 & Under	13-15 years
	16-18 years	19 & Above
Maximum Age:  Amount of Exposure by each Participant (# of ever	nts, meetings, lengt	h of season, tournaments, etc.):
Requested Dates of Coverage: From:		To:
PARTICIPATION		
Is this a voluntary program:		Yes No No
Is YES, please explain:		
PREMIUM REMITTANCE		
How are premiums to be paid (i.e. annually, audita	ble, monthly)?	



## CHUBB GROUP OF INSURANCE COMPANIES

PRODUCER INF	ORMAT	ION				
Name: Carnegie	Financia	al, Inc				
Street Address:	111 E. V	Nacker Drive	Suite 1050			
City: Chicago				State:	IL	Zip Code: 60601
Contact Name:	Joe Spataro			Phone Number: <u>312-828-0708</u>		
Email Address:	jspataro@carnegiefinancial.com			Fax Number:	312-828-0648	
Are you licensed	with Chu	ıbb? Yes ∑	No □	Re	equested Commiss	sion (%):

## CHUBB ACCIDENT & HEALTH OFFERS THE FOLLOWING PRODUCT PORTFOLIO...

- Group Benefits Offers Business Travel Accident, Voluntary and Basic 24 Hour "Carve-Out" AD&D.
- Alternative Markets Provides a portfolio of Accident, Travel and Property products and services to financial service organizations and affinity groups.
- > Special Risk Provides non-employer/employee group Accident Medical Expense and AD&D coverage for short term and annual term exposure.
- **Employer Stop Loss** Protects employers who self-insure their employees' health benefits against catastrophic claims.