



Student Accident Insurance Request for Quote Form

NOTE: Some browsers may not support full PDF functionality. In those instances, please download this form, complete and return to: underwriting@getpomi.com

Requested Effective Date of Coverage _____ Quote Due Date _____

School Information

Name _____

Contact _____ Email _____

Address _____ City _____

State _____ Zip Code _____ Website _____

Do you currently have a Student Accident Program? Yes No

If yes, please provide a copy of the current policy.

Do you have interscholastic sports? Yes No

Estimated Number of Students (*per grade*)

Kindergarten & below _____	Grades 1-6 _____
Grades 7-8 excluding interscholastic sports _____	Grades 7-8 including interscholastic sports _____
Grades 9-12 excluding interscholastic sports _____	Grades 9-12 football _____
Grades 9-12 including interscholastic sports except football _____	

Overnight Field Trips (*per school/school year*) _____

Estimated Number of Participants: Volunteers _____

Type of Coverage

School Time 24-Hour Mandatory Travel to and from sponsored activities

Previous Experience	Current Year	20 _____	20 _____	20 _____	20 _____	20 _____
Premium						
Paid Claims						
As of Date						
Insurance Carrier						

If there is prior experience, please provide loss runs

Desired Benefits

Accidental Death	\$ _____
Accidental Dismemberment	\$ _____
Accidental Paralysis	\$ _____
Accidental Medical Expense	\$ _____

Excess Primary

Maximum Benefit Period 52 Weeks 104 Weeks Yes No

Catastrophic Coverage Yes No

Desired Benefits Continued

Limit Options \$1M \$3M \$6M Other _____

Other Benefits Requested _____

Aggregate Limit per Occurrence (Standard is 10 times the Accidental Death Benefit) \$ _____

Producer Information

Name of Agency _____

Name of Contact _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Requested Commission (15% is standard) _____

Are you a licensed A&H producer in the applicable risk state(s)? Yes No

Are you an appointed producer with Great American Insurance Company?

I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until an application has been approved by the Company.

Signature _____

Date _____

