PARTICIPANT ACCIDENT INSURANCE QUOTE REQUEST FORM

Name of Organization: ____________________________________________________________
Street Address: __________________________________________________________________
City: __________________ State: __________ Zip: __________________ _______
Contact: _______________________________________________________________________
Email: _______________________________________________________________________
Phone: _______________________________________________________________________
Fax: _______________________________________________________________________

Requested effective date of coverage: __________________

1. Do you currently have Accident coverage? ☐ Yes ☐ No
   If yes, please submit a copy of the expiring policy and currently-dated loss runs for the most recent five policy years.

2. Describe who will be covered:

   ______________________________________________________

3. Provide a brief description of the types of activities to be covered:

   ______________________________________________________

4. Estimated Number of Participants By Activity

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<tr>
<th>Activity</th>
<th>Duration of Activity</th>
<th>12 &amp; Under</th>
<th>13 – 15</th>
<th>16 -18</th>
<th>Over 18</th>
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ACKNOWLEDGEMENTS AND SIGNATURES

a. Fraud Warning It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

b. Applicant’s Acknowledgement I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed: _______________________________ Title: __________________________ Date: __________

Agent Name: __________________________ Agency: __________________________
Address: _________________________________________________________________
City: __________________ State: __________ Zip: _______________________
Email: __________________________ Phone: __________________________ Fax: __________

Please return form to: The Allen J. Flood Companies, 2 Madison Avenue, Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326

Participant Accident Insurance Quote Request Form 09/2015
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