



451 Diamond Drive | Ephrata, WA 98823 Phone: (800) 407-2027 Fax: (509)754-3406

Children's Day Camp Only Group Accident Insurance Questionnaire (WA Only)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Web Page Link: _____

Effective dates of camp: ____/____/____ to ____/____/____

Range of campers' ages: _____ youngest _____ oldest

Do you want to cover staff and/or volunteers? Yes No

Activities to be covered: _____

Is this a sports camp? Yes No If yes, please specific type(s) _____

Type of camp: Private Church Organizational

Number of days per week camp is open: _____

Please select plan.

Non-Sport assumes Accident Medical Expense with \$0 deductible and 52 week benefit period.

Sport assumes Accident Medical Expense with \$100 deductible and 52 week benefit period. (Excludes Football)

		AD&D	Accident Medical	Daily Rate (Primary)	Daily Rate (Excess)
Plan Desired:	<input type="checkbox"/> Non- Sport	\$5,000	\$5,000	<input type="checkbox"/> \$0.20	<input type="checkbox"/> \$0.15
	<input type="checkbox"/> Sport (noncontact)	\$5,000	\$7,500	<input type="checkbox"/> \$0.26	<input type="checkbox"/> \$0.19
	<input type="checkbox"/> Sport (contact)	\$5,000	\$7,500	<input type="checkbox"/> \$0.60	<input type="checkbox"/> \$0.45

Camper Day Calculation:

$$\frac{\text{Number of camper per day}}{\text{Number of camper per day}} \times \frac{\text{Number of camp days}}{\text{Number of camp days}} = \text{Total camper days}^*$$

$$\frac{\text{Number of staff/volunteers per day}}{\text{Number of staff/volunteers per day}} \times \frac{\text{Number of camp days}}{\text{Number of camp days}} = \text{Total staff/volunteer days}^*$$

$$\text{Add total number of camper days} + \text{total number of staff/volunteer days} = \text{Total camper days}$$

Premium Calculations:

$$\text{Total camper days} \times \text{Daily plan rate} = \text{Total Estimated premium}$$

Minimum non-refundable premium per program is \$300 per year.

*Please complete to the best of your knowledge. "Guestimate" figures are acceptable.



Continued



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Previous insurance:

Indicate premiums and losses on accident coverage for the past three years-

• Check here ; if no Accident Medical Coverage

Policy year:	20_____	20_____	20_____
Premium:	\$_____	\$_____	\$_____
Losses:	\$_____	\$_____	\$_____

Name of prior carrier(s): _____

Submit for quote when there have been losses in the prior 3 years.

Applicant's Signature _____ Date: ____/____/____

Agency: _____

Contact Name: _____ Agent # _____

Street Address: _____

City: _____ State: _____ Zip code: _____

For other Plan options, please submit questionnaire along with coverage desired for a quote.

Sport Type Examples

Noncontact Sports: teeball, baseball, softball, swimming, golf, tennis, gymnastics, basketball, volleyball

Contact Sports: rugby, lacrosse, soccer, hockey, wrestling

Note: Football coverage is available. Three-year loss experience is required for underwriting consideration.

Fax questionnaire to (509)754-3406 for review and issuance.

Coverage shall not be bound until the Company approves the completed and signed questionnaire.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.