



INSURANCE QUOTATION REQUEST FORM

NAME OF ACTIVITY: _____ No. PARTICIPANTS: _____

AGE OF PARTICIPANTS: _____

DESCRIPTION OF ACTIVITY:

DATES OF ACTIVITY: _____ to _____

IS TRAVEL INVOLVED?: YES NO (IF YES, PLEASE DESCRIBE INCLUDING ANY OVERNIGHT ACTIVITY)

FOR BROKER USE ONLY:

RATE QUOTES: _____ EFFECTIVE DATE: _____

TERMINATION DATE: _____

SIGNATURE

Return to Risk Management via Campus Mail or FAX (434.395.2246)