

Gold Coast Specialty Insurance Agency, Inc.
 222 Main Street, East Setauket, New York 11733
 Tel: (631) 675-2529 * Fax: (631) 675-2530

Accident Medical Questionnaire

1. Name: _____
 2. Address: _____
 3. City: _____ 4. State: _____ 5. Zip Code: _____
 6. Contact Person: _____ 7. Email: _____
 8. Phone Number: () _____ 9. Fax Number: () _____

10. Desired Effective Date: _____

11. Type of Business/Activity: Educational Institute Sports Team/League Sports Camps

12. Type of Activities/Events to be Covered

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> T-Ball |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Handball | <input type="checkbox"/> Tackle Football |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Touch Football |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Polo | <input type="checkbox"/> Track |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Rifle | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Rugby | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Youth Tackle Football |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: _____ |

13. Age Group/Number of Participants per Category:
 Under 10: _____ 10-12: _____ 13-15: _____ 16-18: _____ Over 19: _____

14. Eligibility of participants: _____

15. Benefit Levels:

- Option 1: \$1,000 Accidental Death and Dismemberment/\$1,000 Accident Medical Expense
 Option 2: \$5,000 Accidental Death and Dismemberment/\$5,000 Accident Medical Expense
 Option 3: \$10,000 Accidental Death and Dismemberment/\$10,000 Accident Medical Expense
 Option 4: \$10,000 Accidental Death and Dismemberment/\$25,000 Accident Medical Expense
 Other: _____

16. Deductible: \$0 \$25 \$50 \$100 \$250 Other _____
 *These deductible options may not be available for all sports activities

NOTE: FOR MULTIPLE SPORTS, PLEASE FILL OUT QUESTIONS 12-16 FOR EACH SPORT

Is there a plan in force? Yes No

If Yes, please provide the following:

- ❖ Copy of Current plan and policy
- ❖ Number of participants in prior years
- ❖ Please indicate premium and losses for the past three (3) years.

Policy Year:	20____	20____	20____
Premium:	_____	_____	_____
Losses:	_____	_____	_____

Has Plan been cancelled before? Yes _____ No _____

Agent/Broker: _____ Contact Person: _____

Phone Number: _____ Fax Number: _____

Address: _____

Email: _____

Signature: _____ Date: _____