

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

Quick Quote Request

Please Fax\_\_ Email\_\_ Me A "Quick Quote" For The Following Coverage:

- \_\_\_\_\_ Sports Participant Liability/Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ General Liability/Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ Participant Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ Domestic/International Travel Insurance

Please Contact Me ASAP:\_\_\_ Best Time To Reach Me:\_\_\_\_\_ A/P

Contact:\_\_\_\_\_ Organization:\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Policyholders Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Activity To Be Covered (Check One): \* 3 Years Hard Copy Loss Experience

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Camp              | <input type="checkbox"/> Youth Sports        | <input type="checkbox"/> Tackle Football    |
| <input type="checkbox"/> Sports Camp       | <input type="checkbox"/> Adult Sports        | <input type="checkbox"/> College Sports *   |
| <input type="checkbox"/> Sports Team       | <input type="checkbox"/> Sports Event        | <input type="checkbox"/> High School Sports |
| <input type="checkbox"/> Sports League     | <input type="checkbox"/> Martial Arts        | <input type="checkbox"/> Fraternity Sports  |
| <input type="checkbox"/> Sports Clinic     | <input type="checkbox"/> Dance Studios       | <input type="checkbox"/> Youth Group        |
| <input type="checkbox"/> Sports Tournament | <input type="checkbox"/> Boxing & Wrestling  | <input type="checkbox"/> Adult Group        |
| <input type="checkbox"/> All Star Game     | <input type="checkbox"/> Baseball & Softball | <input type="checkbox"/> Day Care Facility  |

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Total # of Participants:\_\_\_\_\_ Age Group:\_\_\_\_\_ to \_\_\_\_\_

Total # of Coaches:\_\_\_\_\_ Staff:\_\_\_\_\_ Students:\_\_\_\_\_ Volunteers:\_\_\_\_\_

Sports Type:\_\_\_\_\_

Requested Effective Date:\_\_\_\_\_ Expiration Date:\_\_\_\_\_