



CHUBB ACCIDENT & HEALTH Specialty Quote Request Form

Submission Date: _____

Quote Due Date: _____

Req. Effective Date: _____

CUSTOMER INFORMATION

Name of Group: _____

Name of Contact: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website Address: _____

Nature of Business: _____ Standard Industrial Classification (SIC): _____

Is this a state governmentally run entity? Yes No

RISK DATA

Type of Group: Team/League Club Association* Not-for-Profit
 Employer Other Camps/Clinics _____

*If Association, please provide copy of by-laws

Description of Covered Persons: _____

Describe Activities to be Covered: _____

Participating in Covered Activities Only Travel to and from Covered Activity

BENEFITS SCHEDULE

Accidental Death & Dismemberment (\$): _____

Accidental Paralysis: Yes No

Accidental Medical Expense Benefit Maximum (\$): _____

Deductible (\$): \$0 \$100 \$250 \$500 Other _____

Medical Expense Coverage: Primary Excess

Maximum Benefit Period: 52 Weeks 104 Weeks

Other Requested Benefits: _____

Aggregate Limit per Occurrence (\$): _____

PRODUCER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Are you licensed with Chubb? Yes No Requested Commission (%): _____

CHUBB ACCIDENT & HEALTH OFFERS THE FOLLOWING PRODUCT PORTFOLIO...

- **Group Benefits** – Offers Business Travel Accident, Voluntary and Basic 24 Hour “Carve-Out” AD&D.
- **Consumer Solutions** – Provides a portfolio of Accident, Travel and Property products and services to financial service organizations and affinity groups.
- **Specialty** – Provides non-employer/employee group Accident Medical Expense and AD&D coverage for short term and annual term exposure.

For immediate response, contact the Chubb Accident & Health Specialty experts at:

1-877-297-4224

or

send an email message to cahsales@chubb.com.