

# Shannon & Luchs Insurance Agency, Inc.

400 Professional Drive, Suite 360  
Gaithersburg, MD 20879

Tel (800) 989-7766  
Fax (301) 670-7390  
Email [jennifer@slins.com](mailto:jennifer@slins.com)

## Accident Coverage for Volunteers Quotation Request

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Event: \_\_\_\_\_
4. Location of Event: \_\_\_\_\_
5. Dates of Coverage Desired: From \_\_\_\_\_ To \_\_\_\_\_

### Coverages & Benefit Limits:

Accidental Death – Maximum Benefit:	\$ 25,000.
Accidental Dismemberment – Maximum Benefit:	\$ 25,000.
Accidental Medical Expense – Maximum Benefit:	\$ 25,000.
Dental Limit:	Included in Accidental Medical Expense Benefit
Deductible Amount:	\$ 0.

6. Activities to be Covered (please be specific):

Type of Event / Activities	How Often Held	No. of Volunteers	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Are supervisors included in the above numbers?  Yes  No
8. What experience to the volunteers and supervisors have in the activities to be covered?  
\_\_\_\_\_

9. If similar accident coverage for volunteers has been carried in the past, please given details:

**Policy Year:** \_\_\_\_\_

**Premium:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Claims Incurred:** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

[www.ShannonandLuchs.Com](http://www.ShannonandLuchs.Com)

Applicant's signature

Date

**WWW.SHANNONANDLUCHS.COM**