

AMERICAN SENTINEL INSURANCE COMPANY

P.O. Box 61140, Harrisburg, PA 17106-1140
(717) 540-0600 / Toll Free (800) 692-7338 / Fax (717) 657-9499

REQUEST FOR PROPOSAL

Your answers to the following questions will be used to prepare a proposal for accident insurance. Please complete and return at your earliest convenience.

Name of Group _____
Mailing Address _____ City _____ State _____ Zip _____
Person Requesting Proposal _____ Title _____
Phone Number (____) _____ Ext. _____ Date proposal is needed _____
Person Making Selection _____ Title _____
Effective Date: _____ Termination Date: _____

Activities to be covered _____

If sports are to be covered please complete the attached census

Current Benefit Limits:

Accidental Death & Dismemberment: _____

Accident Medical Expense _____

Full Excess ____ Primary Excess ____ Primary ____

Deductible Amount

Company		As Of:	Premium	Claims Paid
_____	2004-05	____/____/____	\$ _____	\$ _____
_____	2005-06	____/____/____	\$ _____	\$ _____
_____	2006-07	____/____/____	\$ _____	\$ _____
_____	2007-08	____/____/____	\$ _____	\$ _____

Agency Name: _____ Contact Person: _____

Agency Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____ E-mail address: _____

CENSUS

Age Group	12 years & Under	13 through 15	16 through 18	Adult
Sports				
Baseball				
Basketball				
Cheerleading				
Cross Country				
Fencing				
Field Hockey				
Football				
Golf				
Gymnastics				
Ice Hockey				
LaCrosse				
Rifle				
Rodeo				
Skiing				
Soccer				
Softball				
Swimming/Diving				
Tennis				
Track/Field				
Volleyball				
Wrestling				
Other (Specify)				
Trainers/Managers				
Coaches				
TOTAL ATHLETIC				
CAMPS				
ONE DAY EVENTS				
CHURCH GROUPS				
DAY CARES				