

Auburn University

Department of Risk Management and Safety

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Accident/Activity Insurance Quotation Request Form

Name of Activity: _____ No. Participants: _____

Participants Age(s): _____ No. of Supervisors _____ Ratio of Supervisor/Participants: _____

List & Description of Activities: _____

Dates and Times: _____

Is travel involved?: Yes ___ No ___ (If yes, please describe including any overnight activity.)

Below this line is for Broker use only

Rate Quoted _____

Effective Date _____

Termination Date _____

Signature