

Participant's Accident Insurance Quote Form

EVENT/ACTIVITY NAME: _____

JOINT SPONSORSHIP: _____

NAME OF INSURED: _____

ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

FAX NUMBER: _____

DATES(S) OF ACTIVITY/PROGRAM: _____ HOURS: _____

PARTICIPANT'S EACH ACTIVITY/EVENT: _____

TOTAL PARTICIPANT'S ALL DAYS: _____ AGES OF PARTICIPANT'S: _____

NUMBER OF STAFF: _____

LOCATION OF EVENT/ACTIVITY: _____

DESCRIPTION OF PROGRAM/ACTIVITIES: _____

Send to:

Insurance and Risk Management
18111 Nordoff Street – Mail 8284
Northridge, CA 91330-8284
(818) 677-2401 Fax (818) 677-5853