



RPS Bollinger Spor Questionnaire for A			Activities		
Name of Group or Org	anization:				
Mailing Address:					
City:			State:	Zip:	
Business is set up as: _	individual _	corporation	ıpartnership	Organization joi	nt venture
Describe specific activi	ties to be cover	red:			
List all sports to be cov	ered:				
Total numbers per age	group: Age 12	2 & under	_ Age 13-15	Age 16 & 18 Age 19+	·
Is coverage desired for	staff/superviso	ors?Yes _	_No if yes total	number of staff to be co	vered:
Period of time coverage	e is requested f	for :			
Name of current Accid	ent Medical ca	rrier:			
Previous insurance: In	dicate premiur	ns and losses o	on accident cover	rage for the past three ye	ars:
Policy Year Premium Losses	20 \$ \$		20 \$ \$	20 \$ \$	
Please select only one p (Based on 52 week ben		ess coverage.)			
Pla	an B - \$10,000	Accident Med	lical Expense \$5,0	00 Accidental Death & Di 000 Accidental Death & 1 000 Accidental Death & 1	Dismemberment
Deductible Option:	\$0	\$50	\$100	\$250	
Applicants Signature:			Date:		

Coverage shall not be bound until the Company approves the applicant's completed questionnaire. The Company's receipt of premium does not bind coverage until the completed questionnaire is approved. In the event the Company does not approve your questionnaire, your premium payment will be refunded. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.