

**Auburn University**  
Department of Risk Management and Safety  
316 Leach Science Center  
Auburn University, AL 36849-5104

**Accident Insurance Quotation Request Form for AU Activity or Program**

Name of Activity/Program: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Participant's Age(s): \_\_\_\_\_ Number of Supervisors: \_\_\_\_\_

Ratio of Supervisors/Participants: \_\_\_\_\_

List and Provide a Detailed Description of Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is coverage requested for Supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_

Location of the Activity: \_\_\_\_\_

Dates and Times: \_\_\_\_\_

Is travel involved?: Yes \_\_\_ No \_\_\_

Describe type of travel, if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Is overnight activity involved: Yes \_\_\_\_\_ (Please Describe) No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Broker Use Only**

Rate Quoted: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_