

SPECIAL RISK LIFE & HEALTH DEPARTMENT

Underwriting Companies:

SPECIAL RISK ACCIDENT (General)

Request for Insurance Policy Quotation

- Hartford Life Insurance Company
 Hartford Life and Accident Insurance Company
 Hartford Fire Insurance Company

- 1. Name of Proposed Insured:
2. Address:
3. Name of Sponsoring Organization, if any:
4. Period of Coverage Desired (date): From: To:

5. Type and Amount of Benefit (Check Amounts Desired):

Accidental Death Maximum Benefit \$500-\$10,000
Accidental Dismemberment Maximum Benefit \$500-\$10,000
Accident Medical Expense Maximum Benefit \$500-\$10,000
Deductible Amount None-\$50
Dental Limit \$50-\$250
Accident Total Disability Maximum Weekly Benefit \$10-\$75
Maximum Payment Period 13 Weeks-2 Years
Waiting Period (Days) 1st Day-15th Day
THE MINIMUM POLICY PREMIUM IS \$310.00

6. What experience do the participants and supervisors have in the activities to be covered?

7. Activities to be Covered: (Please be as specific as possible.)

Table with columns: Type of Activity, How Often Held, Number of Participants, Ages

8. Are supervisors to be covered? Yes No Number

9. Is Travel coverage desired? Yes No

Specify: Individual Travel (to and from activities) Group Travel (Travel as a member of a group)
If "Yes" indicate probable mode(s) of travel: Scheduled Airline Non-Scheduled Airline Bus Train Private Auto
Other (Describe)
If air travel exposure in excess of \$250,000 is contemplated, check this box and submit full details to your Hartford Agent.

10. Excess Coverage Yes No

11. Describe fully all pertinent facts not specified (use separate sheet if necessary)

12. If a similar insurance program has been carried in the past, please give the following details for the past three years.

Table with columns: Policy Year, Total Premium, Total Incurred Claims for years 19__

Name of prior carrier

13. Signature of person providing this information: Title: Date:

Name of Agent Agency Code Address

Indicate: New Business Renewal of Policy No. SR

Signature of Licensed Resident Agent (where required)

If a policy is requested or if a quotation is requested and subsequently accepted by the organization, insurance will commence of the later of: (a) desired effective date, (b) the date the request for policy is accepted by the Company, or (c) the date the organization accepts the quotation.

New England Excess Exchange, Ltd.

P O Box 219 ~ Montpelier, VT 05601

800-548-4301 or Fax 800-347-4935

Web Site: www.neee.com