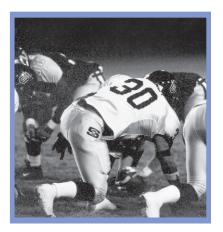
SPECIALTY RISK G R D U P







Myers • Stevens & Toohey & Co., Inc. has specialized in accident coverage since 1970, making us a leader in the field of special coverages. We offer prompt personal attention and courteous claims service. For questions or further information, please call us at

1-800-827-4695

Accident Medical Insurance Coverage For Your Activities

- Specifically designed for a wide variety of activities including:
 - Accident Sports Camps
 - Summer Camps
 - Youth Summer League
 - Youth Team Sports
- Liability coverage available in tandem with accident medical coverage

- Easy enrollment with major credit cards accepted
- Custom plans are available to meet your specific needs
- Coverages for Adult programs and activities are also available

SPECIALTY RISK COVERAGE PLANS

Myers-Stevens & Toohey & Co., Inc. offers blanket accident medical insurance coverage specifically designed for a wide variety of activities including: Camps, Youth Team Sports, Youth Summer League/Conditioning, Youth Group Activities and Youth Sports Camps.

Coverage for adult programs and activities not mentioned above are also available. Higher and lower coverage maximums, as well as deductible options are also available. Please call **1-800-827-4695** for rates.

Myers-Stevens & Toohey & Co., Inc. is also a source for general liability, non-profit organization liability insurance, and sports & special event liability coverage. Call **1-800-827-4695** for information.

Who is Covered?

All members of the group are covered on a blanket basis for the group's activities. Staff members, teachers, coaches, leaders, managers, officials, volunteers, etc., may be included in coverage if premium is paid for them.

All coverage options require a minimum premium in order to effect coverage. If the total calculated premium is less than the minimum premium noted on the application, then the premium due will be the minimum premium amount.

Camp policies for larger groups can be set up on an audit basis, using the minimum premium as a deposit, and submitting audit of participation and balance of premium due at the end of the camp.

What is Covered?

All eligible activities sponsored and supervised by the insured Organization will be covered. Traveling directly to and from Organization activities with other members as a group will also be covered, provided such travel is being supervised by an authorized representative of the Organization.

To Obtain a Quote

Complete the attached Request for Quotation and fax to (949) 348-2630 or mail to:

Myers • Stevens & Toohey & Co., Inc. - 26101 Marguerite Parkway, Mission Viejo, CA 92692-3203

Note: This brochure is a brief outline of benefits only. Complete details can be found in the policy. The Policy and claim forms will be forwarded upon receipt of completed application and premium.

For More Information

For questions about rates or for more information about the Special Risk Insurance Programs, please contact us at:



Call us at 1 (800) 827-4695 · FAX (949) 348-2630



AMATEUR SPORTS REQUEST FOR QUOTATION

Ceneral Liability and Accident Medical Coverage** Accident Medical Coverage Only "Accident medical coverage must be purchased in tandem with General Liability to include athletic participant Injury. Please complete all questions below to insure a timely quotation: Proposed Effective Date:	Date Request Submitted:				
Accident Medical Coverage Only **Accident medical coverage must be purchased in tandem with General Liability to include athletic participant Injury. Please complete all questions below to insure a timely quotation: Proposed Effective Date:	Please Select Coverage Desired:				
**Accident medical coverage must be purchased in tandem with General Liability to include athletic participant Injury. Please complete all questions below to insure a timely quotation: Proposed Effective Date:					
Proposed Effective Date:	**Accident medical coverage must be purchased in tandem with General Liability to include athletic				
APPLICANT: Name of Insured:	Please complete all questions below to insure a timely quotation:				
Name of Insured:	Proposed Effective Date: Expiration Date:				
Address: City: Phone: Fax: Fax: Email: Sport /Activity: Number of Participants: Youth: 12 & Under: 13-15: 16-18: Address: Youth: 12 & Under: 13-15: 16-18: Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps) GENERAL LIABILITY Limit of Liability: \$1,000,000 - Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	APPLICANT				
City:State:Zip Code: Phone:Fax:Email: Sport /Activity: Sport /Activity:	Name of Insured:				
Phone: Fax: Email: Sport /Activity:	Address:				
Sport /Activity: Number of Participants: Youth: 12 & Under: 13-15: 16-18: Activity: 13-15: Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps) GENERAL LIABILITY Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	City: State: Zip Code:				
Number of Participants: Youth: 12 & Under: 13-15: 16-18: Number of Coaches to be Covered (Optional): Number of Coaches to be Covered (Optional): Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps) GENERAL LIABILITY Limit of Liability: \$1,000,000 - Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	Phone: Fax: Fax: Email:				
Youth: 12 & Under: 13-15: 16-18: Adult: Number of Coaches to be Covered (Optional): Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps) GENERAL LIABILITY Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	Sport / Activity:				
Number of Coaches to be Covered (Optional): Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps) GENERAL LIABILITY Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other	Number of Participants:				
Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps)	Youth: 12 & Under: 13 - 15: 16 - 18: Adult:				
GENERAL LIABILITY Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other	Number of Coaches to be Covered (Optional):				
Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	Accident medical minimum premium is \$250.00; \$150.00 (Short-Term Camps)				
General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term) Type of Activity: League/Team Camp Tournament Group/Private Instructional Sessions Other Premises / Locations of Operations:	GENERAL LIABILITY				
Other Premises / Locations of Operations:	Limit of Liability: \$1,000,000 – Each Occurrence / \$2,000,000 - Aggregate General liability minimum premium is \$300.00 (Annual); \$250.00 (Short-Term)				
Premises / Locations of Operations:	Type of Activity: □ League/Team □ Camp □ Tournament □ Group/Private Instructional Sessions				
-	□ Other				
Location of premises where activities / operations are conducted:	Premises / Locations of Operations:				
	Location of premises where activities / operations are conducted:				



Additional Insured(s) – \$10.00 for each (Facility requiring Proof of Insurance):

Complete name and address below. Please attach any special wording or requirements to this form:

1.	
2.	
3.	
4.	

Please Note:

The Named Insured warrants that accident medical coverage will be in full force and effect for each participant in all athletic program(s) to be covered. If no underlying accident medical coverage is in force, injuries or death to athletic participants will be excluded. Accident Medical coverage will automatically be quoted in tandem with any general liability policy of an athletic nature. This is done to protect the policyholder and facility from suits filed by participants.

THE APPLICANT DECLARES that to the best of their knowledge the information contained in this application is true and that no material facts have been suppressed or misstated.

THE APPLICANT UNDERSTANDS that incorrect or incomplete statements or information could void their protection.

X Signature of Applicant	Date	Typed / Printed Name & Title			
x					
Signature of Authorized Agent	Date				
THIS IS NOT A BINDER OF COVERAGE					
ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.					
Mail or fax completed Request Form to:	Myers-Stevens & Toohey & Co 26101 Marguerite Parkway Mission Viejo, CA 92692-3203 Phone: (949) 348-0656 (800) Fax: (949) 348-2630 Fax: (94	827-4695			
Select One Option: Mail my quotation to the address I Fax my quotation to the following Email my quotation to this address	number:				