

**Gold Coast Specialty Insurance Agency, Inc.**  
505 Northern Boulevard, Suite 308 Great Neck, New York 11021  
Tel: 516-466-5302 \* Fax: 516-466-5361

**Quick Quote Request**

Please Fax\_\_ Email\_\_ Me A "Quick Quote" For The Following Coverage:

\_\_\_\_\_ Sports Participant Liability/Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ General Liability/Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ Participant Accident Medical Expense/AD&D Ins.  
\_\_\_\_\_ Domestic/International Travel Insurance

Please Contact Me ASAP:\_\_\_\_\_ Best Time To Reach Me:\_\_\_\_\_ A/P

Contact:\_\_\_\_\_ Organization:\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Policyholders Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Activity To Be Covered (Check One): \* 3 Years Hard Copy Loss Experience

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<input type="checkbox"/> Camp	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Tackle Football
<input type="checkbox"/> Sports Camp	<input type="checkbox"/> Adult Sports	<input type="checkbox"/> College Sports *
<input type="checkbox"/> Sports Team	<input type="checkbox"/> Sports Event	<input type="checkbox"/> High School Sports
<input type="checkbox"/> Sports League	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Fraternity Sports
<input type="checkbox"/> Sports Clinic	<input type="checkbox"/> Dance Studios	<input type="checkbox"/> Youth Group
<input type="checkbox"/> Sports Tournament	<input type="checkbox"/> Boxing & Wrestling	<input type="checkbox"/> Adult Group
<input type="checkbox"/> All Star Game	<input type="checkbox"/> Baseball & Softball	<input type="checkbox"/> Day Care Facility

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Total # of Participants:\_\_\_\_\_ Age Group:\_\_\_\_\_ to\_\_\_\_\_

Total # of Coaches:\_\_\_\_\_ Staff:\_\_\_\_\_ Students:\_\_\_\_\_ Volunteers:\_\_\_\_\_

Sports Type:\_\_\_\_\_

Requested Effective Date:\_\_\_\_\_ Expiration Date:\_\_\_\_\_