

Enrollment for Blanket Accident Insurance

Enrollment Form for Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder

a. Full Legal Name of Proposed Policyholder _____

b. Address _____

c. Proposed Policyholder is _____
please describe type of entity who will own policy (baseball league, youth group, camp, etc.)

d. Requested Effective Date _____
Policy will become effective on the Requested Effective Date only if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

Accidental Death & Dismemberment Principle Sum \$ _____

Accident Medical Expense Benefit \$ _____

Deductible Amount \$ _____

Scope of Coverage

Primary Full Excess

b. Premium Calculation

Classification of Insured Persons or Group	Number Eligible or Teams	Rate	Total Rate
_____	_____	x \$ _____	= _____
_____	_____	x \$ _____	= _____
_____	_____	x \$ _____	= _____
_____	_____	x \$ _____	= _____
_____	_____	x \$ _____	= _____

Total Premium: \$ _____

Discounts (If Applicable): \$ _____

Total Premium Due: \$ _____

Please Note Minimum Policy Premiums

Part III Acknowledgements and Signatures

a. **Fraud Warning** Any person who, knowingly and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, may be guilty of insurance fraud.

b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Dated at _____ on the _____ day of _____, 20 _____

 Signed for the Proposed Policyholder

 Signed by Licensed Agent

 Title

 Agent License Number