

Enrollment for Accident & Accidental Death Insurance

Enrollment Form for Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder _____

b. Address _____

Phone Number _____

Street _____

City _____

State _____

Zip _____

c. Specified Activity _____

d. Requested Effective Date _____

Termination Date _____

Policy will become effective on the Requested Effective Date 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 \$ _____

Maximum Medical Expense Benefit \$ _____

Deductible Amount \$ _____

Scope of Coverage

Primary Full Excess

Policy to Cover

All Enrollees and Staff of the Policyholder All Enrollees of the Policyholder

b. Premium Calculation

(1) Number of Enrollees _____ + Number of Staff _____ = Total Eligibles _____

(2) Total Eligibles _____ x Rate of \$ _____ = \$ _____

Minimum Premium is \$300.00

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.

Date

Signed by Licensed Agent

Agent Phone Number

Signed for the Proposed Policyholder

Licensed Agent Number

Title

Agent Address

Francis L. Dean & Associates, Inc.



Francis L. Dean & Associates, Inc.

1776 S. Naperville Rd., Bldg-B • P.O. Box 4200, Wheaton, IL 60189
(800) 745-2409 • FAX (630) 665-7294 • www.fdean.com

Underwritten by:



Capitol Insurance Companies
Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

Accident Medical & Accidental Death *Insurance*



■ Daycare
■ Kindergartens

■ Day Nurseries
■ Etc.

■ Nursery Schools

Francis L. Dean & Associates, Inc.

FDL

The Nation's Leader in Sports Insurance

Benefits and Premium Rates

Plan #	Max Medical Expense Benefit	Accidental Death & Dismemberment Benefit	Deductible Amount	One Year Coverage		9 months Coverage		3 months Coverage	
				Primary	Excess	Primary	Excess	Primary	Excess
1	\$25,000.00	\$10,000.00	\$ 0.00	\$6.15	\$4.00	\$4.95	\$3.70	\$2.50	\$1.90
2	\$25,000.00	\$10,000.00	\$25.00	\$5.00	\$3.20	\$4.05	\$3.00	\$2.05	\$1.55
3	\$25,000.00	\$10,000.00	\$50.00	\$4.10	\$2.80	\$3.35	\$2.60	\$1.75	\$1.30
4	\$25,000.00	\$10,000.00	\$100.00	\$3.70	\$2.40	\$3.10	\$2.20	\$1.45	\$1.05

Dental injury max. is \$250 per tooth, \$1,000 maximum.

Minimum Policy Premium is \$300.00

Premium is Fully Earned Upon Policy Inception

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This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please view a sample policy.



Who Is Covered

All participants in the covered activity; including members, coaches, managers, or volunteers of the policyholder.

Covered Activity

Coverage is provided for insureds while taking part in scheduled athletic games or competitions, practices, and traveling to or from games and competitions with the team.

Medical Expense Benefit

In order to receive benefits, an injury must have been incurred within 60 days from the date of an accident. The covered person must be under the care of a doctor when the eligible expenses are incurred. The eligible expenses must be incurred solely for treatment of an injury.

- While the covered person is eligible; or
- During the benefit period.

If an injury results in eligible expenses, the Company will pay the eligible expenses incurred, subject to the deductible amount. No benefits are payable for any eligible expenses incurred for an injury that has been paid or is payable by any other health care plan.

Accidental Death And Dismemberment Benefit

If a covered injury results in any of the losses listed below within one year or 100 days from the date of the accident, the Company will pay the benefit shown for that loss.

- Full Principal Sum for loss of life;
- Full Principal Sum for loss of both hands;
- Full Principal Sum for loss of both feet;
- Full Principal Sum for loss of entire sight of both eyes;

- Full Principal Sum for loss of one hand and one foot;
- Full Principal Sum for loss of one hand and entire sight of one eye;
- Full Principal Sum for loss of one foot and entire sight of one eye;
- One-Half the Principal Sum for loss of one hand;
- One-Half the Principal Sum for loss of one foot;
- One-Half the Principal Sum for loss of entire sight of one eye;
- One-Quarter the Principal Sum for loss of thumb and index finger of the same hand.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical, or artificial means. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

(In California, loss of a thumb and index finger means loss by complete severance of at least one whole phalanx of each.) (In South Carolina, the complete severance of four whole fingers from one hand equals the loss of one hand.)

Exclusions And Limitations

Benefits will not be paid for any loss which:

- a. is caused by or results from a covered persons:
 - intentional, self-inflicted injury, suicide, or attempted suicide, while sane or insane. In Missouri and Colorado, this exclusion applies only while sane;
 - voluntary self-administration of any drug or chemical
- b. is caused by or results from:
 - substance not prescribed by a doctor, or not taken according to the directions;
 - attempt at, and/or commission of a crime;
 - participation in a riot or insurrection;
 - intoxication, as defined in the State where the accident occurred, or being under the influence of any controlled substance while participating in any policyholder's customary activity; or,
 - declared or undeclared war or act of war;
 - an accident which occurs while the covered person is on active duty service in any Armed Forces (Reserve or National Guard active duty is not excluded unless it extends beyond 30 days);
 - flight in an aircraft, except as a fare-paying passenger;
 - flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
 - ultra light aviation, hang-gliding, parachuting, or bungee-cord jumping;
 - the ownership, maintenance, or use of any watercraft unless specified in the policyholder's supervised and sponsored activity;
 - participation in any sports activity, either practice, athletic game or competition, and including travel to and from the sports activity, other than the policyholder's customary activity;
 - disease, illness, or bacterial infection, except infection resulting directly from the injury, unless this policy is specifically endorsed; or
 - medical malpractice as a result of treatment for an injury.

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Not Available in All States

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