



Campers' Accident and Sickness Program

Request for Insurance (New York)

New Business Underwriting Company Hartford Life Insurance Company
 Renewal of Policy No. _____

These plans require all registered campers to be insured. Coverage will become effective on your camp's opening date if your Request for Insurance is received and approved by the Company's issuing office prior to that date. Otherwise, coverage will begin on the date your Request for Insurance is approved by the issuing office. The minimum premium is \$250. A deposit premium equal to the minimum premium or 25% of the estimated policy premium, whichever is greater, is required. A record of camp attendance is to be submitted at the end of the camping season to determine the final premium due. The minimum premium is non-refundable in the event you cancel your policy after the effective date.

1. Policyholder (Camp Owner): _____
Address: _____
2. Name of Camp: _____
Address: _____
Camp's Opening Date: _____ Camp's Closing Date: _____
3. Camp Owner is: Non-Profit Organization (includes Church) Private (Individual, Partnership, Corporation)
Type of Camp: Day Resident
 Handicapped Camp (If checked, please indicate type of handicap and ratio of counselors to campers)
4. Estimated Number of Campers per week: _____
Unpaid Counselors to be covered: Yes No Estimated Number: _____
Paid Counselors to be covered: Yes No Estimated Number: _____
Staff Members (other than counselors) to be covered: Yes No Estimated Number: _____
5. Coverage requested: (Please check plans desired)

****Please refer to our website at www.accidentlines.com to acquire additional information regarding plans and rates****

For Overnight Camps Only:

- Plan 1: Campers and Unpaid Counselors Only
 Full Medical Excess Medical
 No Deductible \$25 Deductible
- Plan 2: Campers or Unpaid Counselors
 Full Medical Excess Medical
 No Deductible \$25 Deductible
- Paid Camp Counselors or other Staff Members
 Full Medical Excess Medical
 No Deductible \$25 Deductible
- Plan 3: Campers and Unpaid Counselors Only
 Full Medical Excess Medical
 No Deductible \$25 Deductible

For Day Camps Only:

- Campers or Unpaid Counselors
 Full Medical Excess Medical
 No Deductible \$25 Deductible
- Paid Camp Counselors or other Staff Members
 Full Medical Excess Medical
 No Deductible \$25 Deductible
- Other
 _____ Accidental Death & Dismemberment
 _____ Accident Medical Coverage
 _____ Deductible Amount
 _____ Sickness Medical Coverage (Primary only)
 _____ Deductible Amount

For Private Camps Only:

- Campers or Unpaid Counselors
 Excess Medical only available
 No Deductible \$25 Deductible
- Camp Counselors or other Staff Members
 Excess Medical only available
 No Deductible \$25 Deductible

6. Previous Insurance - If a Campers Accident Insurance Program has been carried in the past, please give the following details for the past three years
- | | | | | |
|-----------------------|---------|---------|---------|---|
| Policy Year | 20_____ | 20_____ | 20_____ | Name of prior carrier _____ |
| Total Premium | \$_____ | \$_____ | \$_____ | Be sure to include a copy of the current policy or certificate. No business can be considered where annual premium is \$500 or more unless this information is completed. |
| Total Incurred Claims | \$_____ | \$_____ | \$_____ | |
- Check here if no prior coverage

This insurance will not cover children of camp employees or children of counselors, spouses of employees, or volunteers working on special events unless they are registered as campers or employed by the camp.
 Insurance Requested by: _____ Title: _____ Date: _____
 (Signature of Official or Camp Owner)

REQUIRED INFORMATION:

Name of Agent _____ Agency Code _____ License no. _____
 Address: _____
 Signature of Licensed Resident Agent (where required) _____
 Sub-Producer (Agent) Name: _____ License no. _____
 Must be Life and Health appointed. Appointment application and license copy for Agent and Sub-Producer required.