

Group Benefits from The Hartford

Pre-Schooler Accident Program

Request for Insurance (Florida)



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

Coverage will become effective on the date requested 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. No list of names is required. The minimum premium is \$310

1. Policyholder: _____
Local Address of Policyholder: _____
Address to be covered (if different): _____

2. Type of Group: Head Start Day Care Center Nursery School Kindergarten
Type of Setting: Home Institutional
Type of Coverage: Primary Excess

3. Accident Medical Expense Deductible requested: None \$100
Effective Date: _____ Expiration Date: _____

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

4. General Information

Number of Insured Persons
Students up to age 7 _____
Students age 7 and above (after school only) _____
Teachers and Supervisors to be covered No Yes Number: _____
Per Person Rate: \$ _____
Total Policy Premium: \$ _____

5. If over 100 persons will be insured, show previous loss experience:

Policy Year	20 _____	20 _____	20 _____
Total Premium	\$ _____	\$ _____	\$ _____
Total Incurred Claims	\$ _____	\$ _____	\$ _____
Total Number of Claims	_____	_____	_____

Name of prior carrier: _____

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.

Check here if no prior coverage

Insurance Requested by: _____ Title: _____ Date: _____

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.

2985 (09/08)

**Expertise without equal.
Benefits without burden.SM**