

Group Benefits from The Hartford

Ski Trip Accident Program

Request for Insurance (New York)



New Business Underwriting Company Hartford Life Insurance Company

Renewal of Policy No. _____

Coverage will begin on the desired effective date or on the date the request is accepted by the Company, whichever is later. No name list is required. The minimum premium is \$250

1. Name of Proposed Policyholder: _____

2. Local Address of Organization: _____

3. Mailing Address of Organization: _____

4. Effective Date: _____ Expiration Date: _____

5. Plan desired: Plan A (11) Plan B (10) Downhill Skiing Cross-Country Skiing

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

6. If a similar insurance program has been carried in the past, please give the following details for the past three years.

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

Signature of person providing this information: _____

Title: _____ Date: _____

If air travel exposure in excess of \$250,000 is contemplated, check this box and submit full details to your Hartford agent.

I hereby certify that the above number of insured persons is accurate according to the information and records of the policyholder and that all participants on the ski trip are being insured and premium paid accordingly.

Signature of Adult Leader: _____ 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.

2908 (07/08)

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