

Group Benefits from The Hartford



Special Risk Accident Program

Request for Insurance (Countrywide)

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

If a policy is requested or if a quotation is requested and subsequently accepted by the organization, insurance will commence on the later of: (a) desired effective date, (b) the date the request for policy is accepted by the Company, or (c) the date the organization accepts the quotation. THE MINIMUM POLICY PREMIUM IS \$310.00. For additional underwriting information please refer to our website at www.accidentlines.com

- 1. Name of Proposed Insured:
2. Address:
3. Name of Sponsoring Organization, if any:
4. Period of Coverage Desired (date):

5. Type and Amount of Benefit (Check Amounts Desired)

Accidental Death Maximum Benefit \$500; \$1,000; \$2,500; \$5,000; \$10,000; Specify Other
Accidental Dismemberment Maximum Benefit \$500; \$1,000; \$2,500; \$5,000; \$10,000; Specify Other
Accident Medical Expense Maximum Benefit \$500; \$1,000; \$2,500; \$5,000; \$10,000; Specify Other
Deductible Amount None; \$25; \$50; Specify Other
Dental Limit \$50; \$150; \$250; Specify Other
Accident Total Disability Maximum Weekly Benefit \$10; \$25; \$35; \$50; \$75; Specify Other
Maximum Payment Period 13 Weeks; 6 Months; 1 Year; 2 Years; Specify Other
Waiting Period (Days) 1st Day; 8th Day; 15th Day; Specify Other Days

6. What experience do the participants and supervisors have in the activities to be covered?

7. Activities to be Covered: (Please be as specific as possible.)

Table with 4 columns: Type of Activity, How Often Held, Number of Participants, Ages

8. Are supervisors to be covered? Yes No Number

9. Is Travel coverage desired? Yes No

Specify: Individual Travel (to and from activities) Individual travel does not apply to all eligible groups. Group Travel (Travel as a member of a group)
If "Yes" indicate probable mode(s) of travel: Scheduled Airline Non-Scheduled Airline Bus Train Private Auto
Other (Describe)
If air travel exposure in excess of \$250,000 is contemplated, check this box and submit full details to your Hartford Agent.

10. Excess Coverage Yes No

11. Describe fully all pertinent facts not specified (use separate sheet if necessary)

12. 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 \$ \$ \$ Name of prior carrier
Total Incurred Claims \$ \$ \$ Be sure to include a copy of the current policy.

13. Signature of person providing this information:
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.

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Expertise without equal.
Benefits without burden. SM