



Sports Camp Accident Program

Request for Insurance (Countrywide)

New Business Underwriting Company Hartford Life and Accident 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 \$310. A deposit premium will be required if the policy is issued on an audit basis. A record of camp attendance is to be submitted at the end of the camping season to determine the final premium due.

1. Policyholder (Camp Owner): _____
 Address: _____
 2. Name of Camp: _____
 Address: _____
 Camp's Opening Date: _____ Camp's Closing Date: _____

3. Type of Camp: Overnight (Full Time) Day

4. Coverage requested: Full Medical Excess Medical (The maximum dental limit is \$250)

Check one in each column below:

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

Coverage Category	Plan	Deductible	Approx. no. of campers per age group per week
<input type="checkbox"/> Sports Camp (Except Soccer and Football)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$50 <input type="checkbox"/> \$250	Under 13: _____
<input type="checkbox"/> Soccer Camp	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$50 <input type="checkbox"/> \$250	13-15: _____
<input type="checkbox"/> Football Camp	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$50 <input type="checkbox"/> \$250	16-18*: _____

*The 16-18 age category is not available for the Football Camps Plans.

5. Counselors to be covered: Yes No Estimated Number: _____
 Employees to be covered: Yes No Estimated Number: _____

6. Previous Insurance - If a Sports Camp 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.