

Group Benefits from The Hartford

# Tripster Accident Program

## Request for Insurance (Countrywide)



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

The minimum premium is \$310.

1. Organization: \_\_\_\_\_

Address: \_\_\_\_\_

2. Destination: \_\_\_\_\_

3. Mode of Travel: \_\_\_\_\_ Name of Operator (e.g. Greyhound): \_\_\_\_\_

(If all or part of a trip is by air, specify whether flight is scheduled or chartered. This insurance does not cover flights in chartered aircraft unless chartered from a scheduled Airline; or in private or military aircraft, except flights Air Mobility Command (AMC) aircraft.)

4. Purpose of Trip (including activities): \_\_\_\_\_

5. Plan Desired: Accidental Death and Dismemberment \$ \_\_\_\_\_ Accident Medical Expense \$ \_\_\_\_\_

**\*\*Please refer to our website at [www.accidentlines.com](http://www.accidentlines.com) to acquire additional information regarding plans and rates\*\***

6. Coverage:  Excluding Air Travel  Including Air Travel

7. Total Days Insurance Desired (a day shall be 24 hours or any part thereof): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

Expiration Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.  P.M.

8. Number of Persons Making Trip, Including Chaperones: \_\_\_\_\_

9. Is average age of group over 65 years?  Yes  No

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.

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