



Tripster Accident Program

Request for Insurance (New York)

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

The minimum premium is \$250.

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 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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