

Group Benefits from The Hartford

Youth Group 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. Name of Organization (and Identification Number if applicable): _____

2. Local Address of Organization: _____

3. Mailing Address of Organization: _____

4. Effective Date: _____ Expiration Date: _____

5. Plan desired: Plan 1 Plan 2 Plan 3 Plan 4 Plan 5 Plan 6

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

6. Excess Coverage: Yes No

7. Primary Group Activity: _____

8. Number of Members under age 15: _____

Number of Members age 15 and over: _____

Number of Adult Advisors and Sponsors: _____

Number of Committee Persons: _____

Total Number of persons insured: _____

9. If over 100 persons will be insured, show previous loss experience.

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 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.

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