

# Accident Medical Benefits and Accidental Death Application for Blanket ACCIDENT Insurance

**Insured:** full name of proposed policyholder

\_\_\_\_\_ (phone) \_\_\_\_\_

Address:  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail address \_\_\_\_\_

**Policyholder Entity:** (please circle)

Theater Group

League

Youth Group

Camp

Special Event Volunteers

Other: (please describe) \_\_\_\_\_

Requested effective date: \_\_\_\_\_

Requested expiration date: \_\_\_\_\_

Number of Volunteers to be insured: \_\_\_\_\_

## **Who is covered and when?**

All declared members (volunteers) for all activities sponsored and supervised by the policyholder, including travel with a group in connection with these activities.

**Policy quotation will provide details of scope of coverage including coverage limits and deductible.** Coverage varies by state. See full policy for a complete statement of coverage, exclusions, and limitations. This is an application only

**X** As applicant, I declare that all statements and answers in this application are complete and correct. I understand this application will become part of any policy issued. I understand that only those eligible (volunteers) under the terms of an issued policy will be insured.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State \_\_\_\_/\_\_\_\_  
Signed for the Insured/proposed policyholder

## **Please only complete below if requested by underwriting: For Special Event Volunteers**

Day 1

Day 6

Day 2

Day 7

Day 3

Day 8

Day 4

Day 9

Day 5

Day 10

## Who Is Covered

All members of the Policyholder.

## Covered Activity

All activities sponsored and supervised by the Policyholder, including travel with a group in connection with such activities.

## Medical Expense Benefit

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, the Company will pay the charges incurred for such expense within 1 year, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

“Eligible expense” means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

If Excess coverage is selected, this Plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person. Primary coverage pays benefits under the Plan without offset for other insurance (except Workers' Compensation).

## Accidental Death And Dismemberment Benefit

If a covered injury results in any of the losses specified below within 1 year (not applicable in Pennsylvania) after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

“Member” means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

## Exclusions And Limitations

This Plan does not cover any loss to or resulting from:

- intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane);
- voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Insured Person's Physician.
- participation in a riot or insurrection;
- an act of declared or undeclared war;

- active duty service in any Armed Forces of any country, and, in such event, the prorata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;
- parachuting, except for self preservation;
- bungee jumping, flight in an ultralight aircraft, hang gliding;
- sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
- services or treatment rendered by a(n) Physician, Nurse or any other person who is:
  - employed or retained by the Policyholder; or
  - is the Insured Person or an Immediate Family Member;
- flight in an Aircraft, except as a fare-paying passenger;
- dental treatment, except as otherwise provided, and only when Injury occurs to sound natural teeth;
- any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
- treatment in any Veteran Administration or Federal Hospital, except if there is a legal obligation to pay;
- cosmetic surgery, except for reconstructive surgery due to a covered injury;
- charges which the Insured Person would not have to pay if He did not have insurance;
- eyeglasses, contact lenses, hearing aids;
- charges which are in excess of Usual, Customary and Reasonable charges.