

Enrollment for Camp & Conference Accident Insurance

Enrollment Form for Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder _____

b. Address _____

Phone Number _____

Street

City

State

Zip

c. Specified Activity _____

d. Requested Effective Date _____

Termination Date _____

Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

Accidental Death & Dismemberment Principle Sum \$ _____

Accident Medical Expense Benefit \$ _____

Deductible Amount \$ _____

Policy to Cover

All Participants of the Policyholder All Participants and Staff of the Policyholder

Scope of Coverage is Full Excess

b. Premium Calculation

(a) Check one: Weekly Daily Day Camp Overnight Camp

(b) Number of Participants _____ + Number of Staff _____ = Total Eligibles _____

(c) Total Eligibles _____ x Number of Days _____ x Daily Rate of \$ _____ = \$ _____

(or) Total Eligibles _____ x Number of Weeks _____ x Weekly Rate of \$ _____ = \$ _____

Please Note Minimum Premiums

Part III Acknowledgements and Signatures

a. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Date

Signed by Licensed Agent

Agent Phone Number

Signed for the Proposed Policyholder

Licensed Agent Number

Title

Agent Address

Francis L. Dean & Associates of Florida, LLC



Francis L. Dean & Associates of Florida, LLC

3300 SW 34th Ave., Suite 120 • Ocala, FL 34474

(877) 671-3326 • FAX (352) 854-6380 • www.fdeanfl.com



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