

Enrollment for Tackle Football 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 \$ _____
 Maximum Medical Expense Benefit \$ _____
 Deductible Amount \$ _____
 Policy to cover All Players, Cheerleaders, Coaches, Managers, and Volunteers of the Policyholder
 Scope of Coverage is Full Excess
- b. Premium Calculation
- | Classification of Insured Persons or Group | Age Group | Number Eligible | Rate Per Player | Total Rate |
|--|-----------|-----------------|-----------------|------------|
| _____ | _____ | _____ | x \$ _____ | = _____ |
| _____ | _____ | _____ | x \$ _____ | = _____ |
| _____ | _____ | _____ | x \$ _____ | = _____ |
| _____ | _____ | _____ | x \$ _____ | = _____ |
| _____ | _____ | _____ | x \$ _____ | = _____ |
| Total Premium: | | | \$ _____ | |
| Discounts (if applicable): | | | \$ _____ | |
| Total Premium Due: | | | \$ _____ | |
- Minimum Premium is \$150.00

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



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