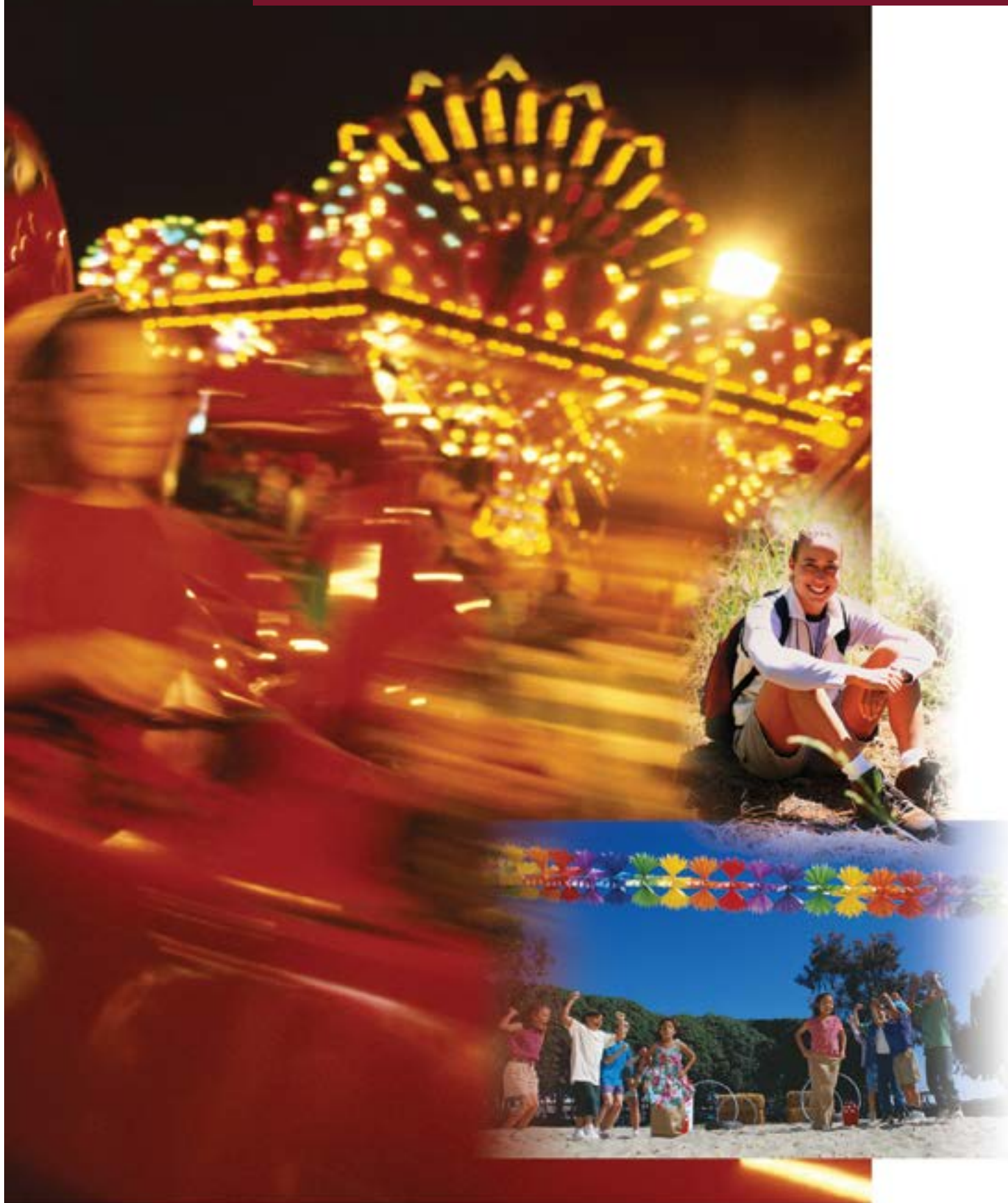


Special Events Accident Medical Insurance



- Outings
- Fairs
- Parades
- Picnics

- Pageants
- Meets
- Field Trips
- Hikes

- Soap Box Derbies
- Contests
- Short Term Sporting Events
- Reunions

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Special Events Accident Medical Insurance

Who Is Covered

All participants in the covered activity. Policyholder staff may be included.

Covered Activity

Participation in scheduled and supervised games, practice sessions, events or activities specified in the application sponsored by the Policyholder.

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, 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 90 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
- 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
- Dental treatment of sound natural teeth
- Hospital care and service in semiprivate accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Accidental Death and Dismemberment Benefit

If a covered injury results in any of the losses specified below within 365 days 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.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

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

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.

- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.



Benefits and Premium Rates

Accidental Death Benefit	Maximum Medical Benefit	Deductible	Daily Rate Per Person							
			Class 1 Activity		Class 2 Activity		Class 3 Activity		Class 4 Activity	
			Excess	Primary	Excess	Primary	Excess	Primary	Excess	Primary **
\$1,000.00	\$2,500.00	\$0.00	\$0.10	\$0.25	\$0.23	\$0.58	\$0.37	\$0.93	\$0.74	\$1.85
\$1,000.00	\$2,500.00	\$25.00	\$0.09	\$0.23	\$0.21	\$0.53	\$0.33	\$0.83	\$0.65	\$1.63
\$1,000.00	\$2,500.00	\$50.00	\$0.08	\$0.20	\$0.18	\$0.45	\$0.27	\$0.68	\$0.55	\$1.38
\$1,000.00	\$2,500.00	\$100.00	\$0.07	\$0.18	\$0.15	\$0.38	\$0.21	\$0.53	\$0.45	\$1.13
\$2,500.00	\$5,000.00	\$0.00	\$0.13	\$0.33	\$0.32	\$0.80	\$0.49	\$1.23	\$0.99	\$2.48
\$2,500.00	\$5,000.00	\$25.00	\$0.11	\$0.28	\$0.25	\$0.63	\$0.41	\$1.03	\$0.82	\$2.05
\$2,500.00	\$5,000.00	\$50.00	\$0.10	\$0.25	\$0.23	\$0.58	\$0.36	\$0.90	\$0.71	\$1.78
\$2,500.00	\$5,000.00	\$100.00	\$0.09	\$0.23	\$0.21	\$0.53	\$0.34	\$0.85	\$0.60	\$1.50
\$5,000.00	\$10,000.00	\$0.00	\$0.15	\$0.38	\$0.38	\$0.95	\$0.60	\$1.50	\$1.20	\$3.00
\$5,000.00	\$10,000.00	\$25.00	\$0.14	\$0.35	\$0.35	\$0.88	\$0.56	\$1.40	\$1.11	\$2.78
\$5,000.00	\$10,000.00	\$50.00	\$0.13	\$0.33	\$0.33	\$0.83	\$0.50	\$1.25	\$1.01	\$2.53
\$5,000.00	\$10,000.00	\$100.00	\$0.12	\$0.30	\$0.31	\$0.78	\$0.44	\$1.10	\$0.91	\$2.28

*See below for classification of activities.

**Please contact our office for a quotation.

Minimum Policy Premium is \$200.00 for Excess and \$400.00 for Primary scope of coverage.

Premium is Fully Earned Upon Policy Inception

Special Events Accident Insurance Classification of Activities

Class 1

Study groups, seminars, Bible schools, dances, beauty contests, outings, picnics, parades, pageants, fairs, and exhibits, and similar non-hazardous activities.

Class 2

Hiking, fishing, biking, riding, field trips, and similar recreational activities involving physical exertion, manual labor, or the use of mechanical equipment, not subject to rating as Class 3 or Class 4.

Class 3

Soap Box Derbies, climbing, cave exploration, short-term sporting events, and similar hazardous activities.

Class 4

Ski groups, ski trips, water skiing, white water rafting, and similar high-hazard activities.

Special Events Accident Medical Insurance

Part I Proposed Policyholder Please print or type

- a. Full Legal Name of Proposed Policyholder _____
- b. Address _____
Street City State Zip
- Contact Person _____
- c. Phone Number _____ Email Address _____
- 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.
- e. Description of Event _____
 Please List All Activities/Sports _____

Part II Plan of Insurance and Premium Calculation

- a. Accidental Death & Dismemberment Principle Sum \$ _____
 Maximum Medical Expense Benefit \$ _____
 Deductible Amount \$ _____
 Scope of Coverage Primary Full Excess
 Policy to Cover All Participants All Participants and Staff

b.

# of Participants	# of Staff	Total Eligible	# of Days	Daily Rate (see chart)	Total Premium	Minimum Premium
	+	=	x	x	=	

Part III Payment

Enclosed is the payment for the total premium. Check ACH (see below) **(Annual Policies Only)** Credit Card (see below)

Account Billing Address _____
Street City State Zip

Phone Number _____ E-mail Address _____

<input type="checkbox"/> Please bill my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Name on Account _____ Bank Name _____ Bank City/State _____ Routing Number _____ Account Number _____ <i>This option is only available for Annual Policies.</i> <i>There is no convenience fee when you choose the ACH option.</i>	<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Cardholder Name _____ Card # _____ Exp. Date (mm/yyyy) _____ Security Code _____ A convenience fee of 3% will be added to Credit Card Transaction.
---	--

Part IV Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **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 there to, commits a fraudulent insurance act, which may be a crime.
- c. **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.

 Signed for the Proposed Policyholder Signed by Licensed Agent Agency Name and License Number

 Date Agent Phone Number Agent Email Address

 Agency Mailing Address