



CAMPER'S BLANKET ACCIDENT PROGRAM REQUEST FOR INSURANCE

NEW BUSINESS **RENEWAL OF POLICY NUMBER**

Coverage will become effective on the date requested or when your Hartford Licensed Agent Appointment is active. As Blanket Insurance, no list of names is required. Standard commission is 15% and the **Minimum Policy Premium is \$340**. For additional underwriting information (including License and Appointment forms) please refer to our website at WWW.ACCIDENTLINES.COM Once completed, please return this Application to BLANKETLINEQUOTES.GBD@THEHARTFORD.COM

POLICYHOLDER INFORMATION

Name of Proposed Insured _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Signature of Person Providing Information _____ Date _____
 Email Address _____ Phone Number _____

PRODUCER INFORMATION*

Name of Agency/Broker _____ Hartford Agency Code _____
 Address _____
 Signature of Licensed Resident Agent (where required) _____
 Sub-Producer (Agent) Name _____ Agent License # (for situs state) _____
 Email Address _____ Phone Number _____

* Must be Life and Health appointed- if you are not, you must complete an Appointment Application and attach a copy of the license for the Agency and Sub-Producer (required)

COVERAGE & PLAN DESIGN (Coverage may not be available in all states)

Proposed Effective Date _____ Proposed Expiration Date _____
 Camp Owner Non-Profit Organization (includes Church) Private (includes Individual, Partnership & Corporation)
 Camp Type Overnight Day Handicapped (include type of handicap & ratio of counselors to campers) _____

Standard Benefits- select plan design for Policyholders located in CT, FL, KS, ME, MD, MT, SC, VT and WA

	Overnight Camp-Plan 1	Overnight Camp-Plan 2	Overnight Camp-Plan 3	Day Camp	Private Camp
Accidental Death	\$2,500	\$3,000	\$10,000	\$2,000	\$5,000
Accidental Dismemberment	\$2,500	\$6,000	\$10,000	\$2,000	\$5,000
Accident Medical Expense	\$2,500	\$3,000	\$5,000	\$2,000	\$3,500
Sickness	\$750	N/A	\$5,000	N/A	N/A
Coma/Paralysis	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
Dental Limit	\$250	\$250	\$250	\$250	\$250

Deductible \$0 Deductible \$50 Deductible
 Coverage Type Primary Coverage Excess Coverage

Exposure/Enrollment Campers Unpaid Counselors Paid Counselors Staff Members Persons Total
List zero if N/A



CAMPER'S BLANKET ACCIDENT PROGRAM REQUEST FOR INSURANCE *con't.*

COVERAGE & PLAN DESIGN (Coverage may not be available in all states) *con't.*

Standard Benefits- select plan design for Policyholders located in states not listed above *

	<u>___ Overnight</u>	<u>___ Overnight</u>	<u>___ Overnight</u>	<u>___ Day</u>	<u>___ Private</u>
	Camp-Plan 1	Camp-Plan 2	Camp-Plan 3	Camp	Camp
Accidental Death	\$2,500	\$3,000	\$10,000	\$2,000	\$2,000
Accidental Dismemberment	\$5,000	\$6,000	\$20,000	\$4,000	\$4,000
Accident Medical Expense	\$2,500	\$3,000	\$5,000	\$2,000	\$2,000
Sickness	\$750	N/A	\$5,000	N/A	N/A
Coma/Paralysis	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
Dental Limit	\$250	\$250	\$250	\$250	\$250
Deductible	<u>___ \$0 Deductible</u>	<u>___ \$50 Deductible</u>			
Coverage Type	<u>___ Primary Coverage</u>	<u>___ Excess Coverage</u>			
Exposure/Enrollment	Campers	Unpaid Counselors	Paid Counselors	Staff Members	Persons
					Total
<i>List zero if N/A</i>	_____	_____	_____	_____	_____

* Coverage may not be available in all states. Depending on case size and benefits selected, coverage may be written on a Special Risk (SR) or Sports Blanket (SB) Policy.

PRIOR COVERAGE

Is there a Blanket Accident Policy currently in force? ___ No ___ Yes

If yes, attach Premium & Loss information for past 3 years and include a copy of the current policy or certificate