

GERBER LIFE INSURANCE COMPANY
1311 Mamaroneck Avenue, White Plains, New York 10605

Blanket Accident Insurance Application

Name of Policyholder _____ Policy Number _____
(as it should appear on the Policy)

Mailing Address _____
(City) _____ (State) _____ (Zip Code) _____

Insurance Contact Name _____ Title _____ Website: _____

Phone _____ Fax _____ Email Address _____

Policy Effective Date* _____ Policy Expiration Date _____
(*This will be the effective date of coverage if enrollment form and premium are received)

Covered Activities and Rates

All enrolled participants must be covered (attach a school listing with addresses if covering additional schools not located at the Policyholder address above.). Only one Plan Option may be chosen for all participants. All participants must be listed under either "No Sports" or "With Sports". In addition, if a school has Interscholastic Tackle football, additional premium must be paid for the football players under the Interscholastic Tackle Football (Grades 9-12)* option.

Please select one box indicating "No Sports"(includes gym class and intramural sports) or "With Sports"(includes gym class, intramural & interscholastic sports) along with the participants to be covered.

Plan Option	<input type="checkbox"/> Deluxe Plus	<input type="checkbox"/> Deluxe Plus Deductible	<input type="checkbox"/> Economy Plus
Accident Medical Maximum Benefit	\$25,000	\$25,000	\$25,000
Benefit Period	2 Years	2 Years	2 Years
Deductible	\$0	\$100	\$0
"With Sports" Coverage Excludes Interscholastic Tackle Football Grades 9-12 unless the additional premium is paid for under Interscholastic Tackle Football (Grades 9-12)*	<input type="checkbox"/> No Sports	<input type="checkbox"/> With Sports	<input type="checkbox"/> No Sports
<input type="checkbox"/> Grades PreK-K	\$2.75	\$2.75	\$2.50
<input type="checkbox"/> Grades 1-8	\$3.50	\$4.75	\$3.15
<input type="checkbox"/> Grades 9-12	\$7.00	\$17.50	\$6.30
<input type="checkbox"/> *Interscholastic Tackle Football (Grades 9-12)	n/a	\$90.00	n/a
<input type="checkbox"/> Boarding Students	\$65.00	\$75.00	\$58.50
<input type="checkbox"/> Before & Afterschool Day Care (PreK-12 Only) Term Premium	\$150.00	\$150.00	\$135.00
<input type="checkbox"/> Child Care** (non-PreK-12)	\$2.75	\$2.75	\$2.50
<input type="checkbox"/> Volunteers**	\$3.00	\$3.00	\$2.70
**If requesting coverage for Child Care and/or Volunteers only, please contact your agent and do not complete this application. Coverage will be made available under a separate program.			
Overnight Field Trips	Included	Included	Included
Summer School Activities (students of the school attending school sponsored and supervised activities)	Included	Included	Included
Summer Sports Camps (student athletes of the school attending school sponsored and supervised activities)	Included	Included	Included
Minimum Premium	\$250.00	\$250.00	\$250.00

	Estimated # of Participants		Rate per Participant		Total Premium for Participants
Grades PreK-K	_____	x	\$ _____	=	\$ _____
Grades 1-8	_____	x	\$ _____	=	\$ _____
Grades 9-12	_____	x	\$ _____	=	\$ _____
*Interscholastic Tackle Football (Grades 9-12)	_____	x	\$ _____	=	\$ _____
Boarding Students	_____	x	\$ _____	=	\$ _____
Before & Afterschool Day Care (PreK-12 Only) Term Premium				=	\$ _____
**Child Care (non PreK-12)	_____	x	\$ _____	=	\$ _____
**Volunteers	_____	x	\$ _____	=	\$ _____

\$250.00 Minimum Premium or TOTAL PREMIUM DUE (for the options selected above)*** \$ _____

***\$250.00 Minimum Premium or Total Premium Due is fully earned and nonrefundable on the effective date of coverage. Any account with Total Premium Due of \$10,000.00 or more must have underwriter review/approval which would include 5 years of current loss history and an expiring benefits schedule or declarations page.

Optional Coverages Available (Please select if you would like to offer Optional Voluntary Coverage to the parents and/or guardians.)

Voluntary 24-Hour Extension (\$50.00 / Economy schedule applies) and Voluntary Dental (\$7.00). Coverage is paid for by the Student or Parent per year. A link will be provided for on-line enrollment. Please select if you would like this available to your students. Voluntary coverage is not available in CT, ID, IL, NJ, NC, PA, SD and TN.

Please make check payable to: **Special Markets Insurance Consultants, Inc.**

Mail the application to your Agent or to: **Special Markets Insurance Consultants, Inc.**
1055 Main Street, Suite 101
Stevens Point, WI 54481

We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. We understand that insurance will be in force if this application is accepted by the Company, and the required premium is received by the Company when due. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.

Signature of Official Authorized to Contract for the Policyholder

Printed Name

Date Signed

Local/Regional Licensed Agency

Agency Name: _____

Representative Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Signature: _____
(Licensed Agent)

Date: _____

Fraud Statement

For residents of Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: 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 is a crime and subjects such person to criminal and civil penalties.