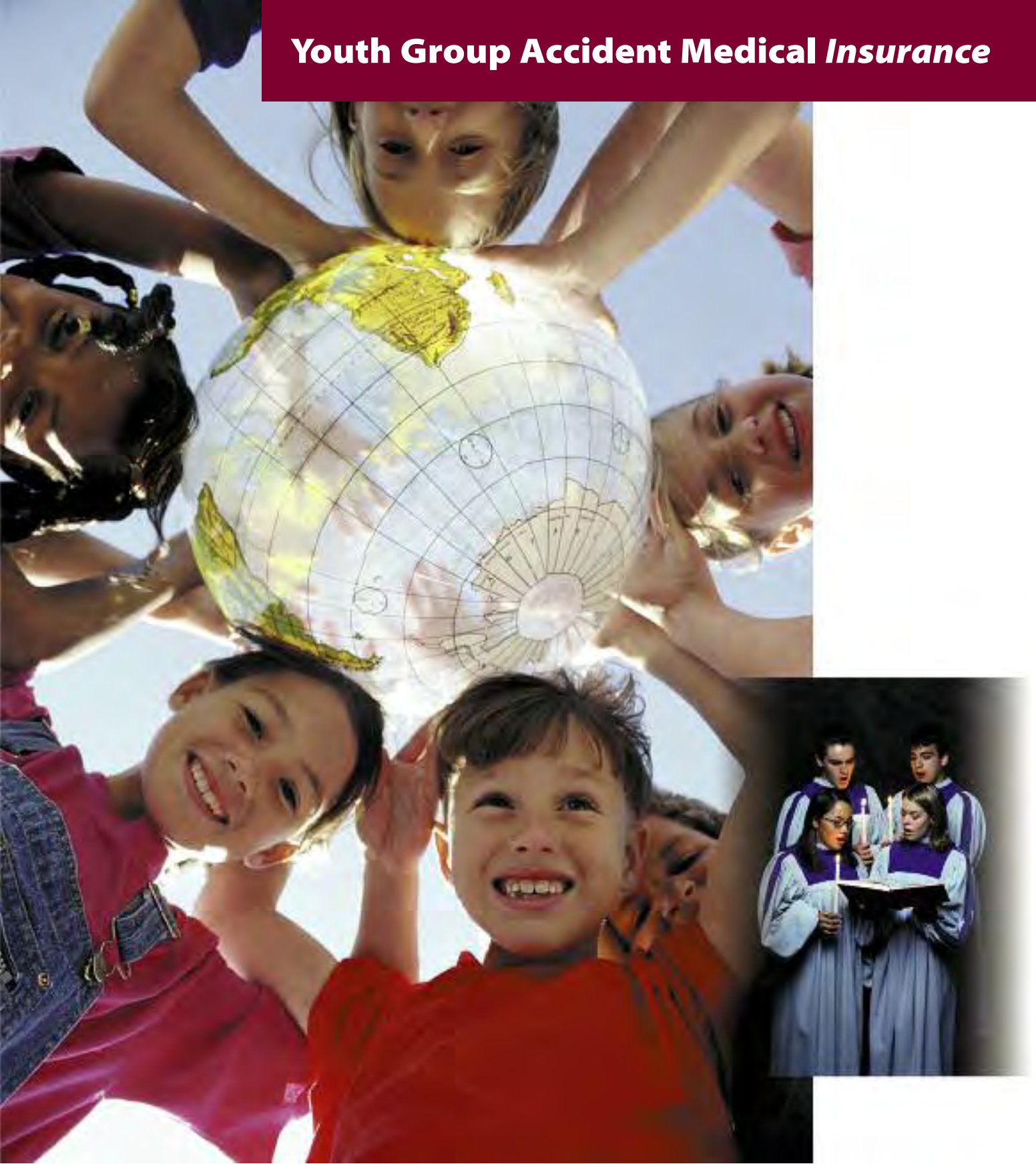
Youth Group Accident Medical *Insurance*



- Boy & Girl Scouts
- Future Farmers of America
- 4-H Clubs
- DeMolay
- Choirs
- Drill Teams
- Church Youth Groups
- Rainbow Girls
- Pathfinders
- Drum & Bugle Corps
- Etc.

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Benefits and Premium Rates

Accidental Death Benefit	Maximum Medical Benefit	Deductible Amount	Boys & Girls Under 12 Annual Rate per Person		Boys & Girls All Ages Annual Rate per Person	
			Excess Plan	Primary Plan	Excess Plan	Primary Plan
$1,000.00	$2,500.00	$ – 0 –	$1.60	$2.20	$2.10	$2.80
1,000.00	2,500.00	25.00	1.35	1.80	1.75	2.35
1,000.00	2,500.00	50.00	1.20	1.55	1.55	2.05
2,500.00	5,000.00	– 0 –	2.10	2.75	2.60	3.50
2,500.00	5,000.00	25.00	1.80	2.40	2.30	3.05
2,500.00	5,000.00	50.00	1.60	2.15	2.05	2.70
5,000.00	10,000.00	– 0 –	2.60	3.40	3.35	4.40
5,000.00	10,000.00	25.00	2.40	3.10	3.05	3.90
5,000.00	10,000.00	50.00	2.20	2.80	2.80	3.60
5,000.00	15,000.00	– 0 –	3.10	3.85	3.80	4.95
5,000.00	15,000.00	25.00	2.95	3.65	3.60	4.75
5,000.00	15,000.00	50.00	2.75	3.45	3.45	4.55

Minimum Policy Premium is $200.00

Premium is Fully Earned Upon Policy Inception

Francis L. Dean & Associates, LLC
Processing Center:
6900 Daniels Parkway, Suite 29-303
Fort Myers, FL 33912
(800) 745-2409 • FAX (630) 665-7294
info@fdean.com
www.fdean.com

United States Fire Insurance Company, "A" rated by A.M. Best Company. A member of the Crum & Forster group of companies.

Who Is Covered

All members of the Policyholder. Policyholder staff may be included.

Covered Activity

(a) All activities sponsored and supervised by the Policyholder, including travel with a group in connection with such activities, and (b) travel directly and without delay to or from the Insured Person's home or residence and the site of such activities.

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
- Dental treatment of sound natural teeth
- 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

If Excess coverage is selected, this plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person. Primary coverage pays benefits under the plan without offset for other insurance (except Workers' Compensation).

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.

Youth Group Accident Medical *Insurance*

United States Fire Insurance Company, “A” rated by A.M. Best Company. A member of the Crum & Forster group of companies.

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Francis L. Dean & Associates, LLC
Processing Center: 6900 Daniels Parkway, Suite 29-303
Fort Myers, FL 33912
(800) 745-2409 • FAX (630) 665-7294 • info@fdean.com
www.fdean.com

Not Available in All States

Form: YG BAH51061 4/2018

Enrollment for Youth Group 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 $ _____

Scope of Coverage

☐ **Primary** ☐ **Full Excess**

Policy to Cover

☐ **All Members of the Policyholder** ☐ **All Members and Staff of the Policyholder**

b. Premium Calculation

(a) Number of Members _____ + Number of Staff _____ = Total Eligibles _____

(b) Total Eligibles _____ x Rate of $ _____ = $ _____

Minimum Premium is $200.00

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 Agency Name and License Number Agent E-mail Address

_____ _____

Title Agent Address

_____

Policyholder Email Address

Francis L. Dean & Associates, LLC
FDL
The Leader in Sports, Leisure and Entertainment Insurance

Francis L. Dean & Associates, LLC
Processing Center: 6900 Daniels Parkway, Suite 29-303
Fort Myers, FL 33912
(800) 745-2409 • FAX (630) 665-7294 • info@fdean.com
www.fdean.com

United States Fire Insurance Company,
"A" rated by A.M. Best Company.
A member of the Crum & Forster group of companies.