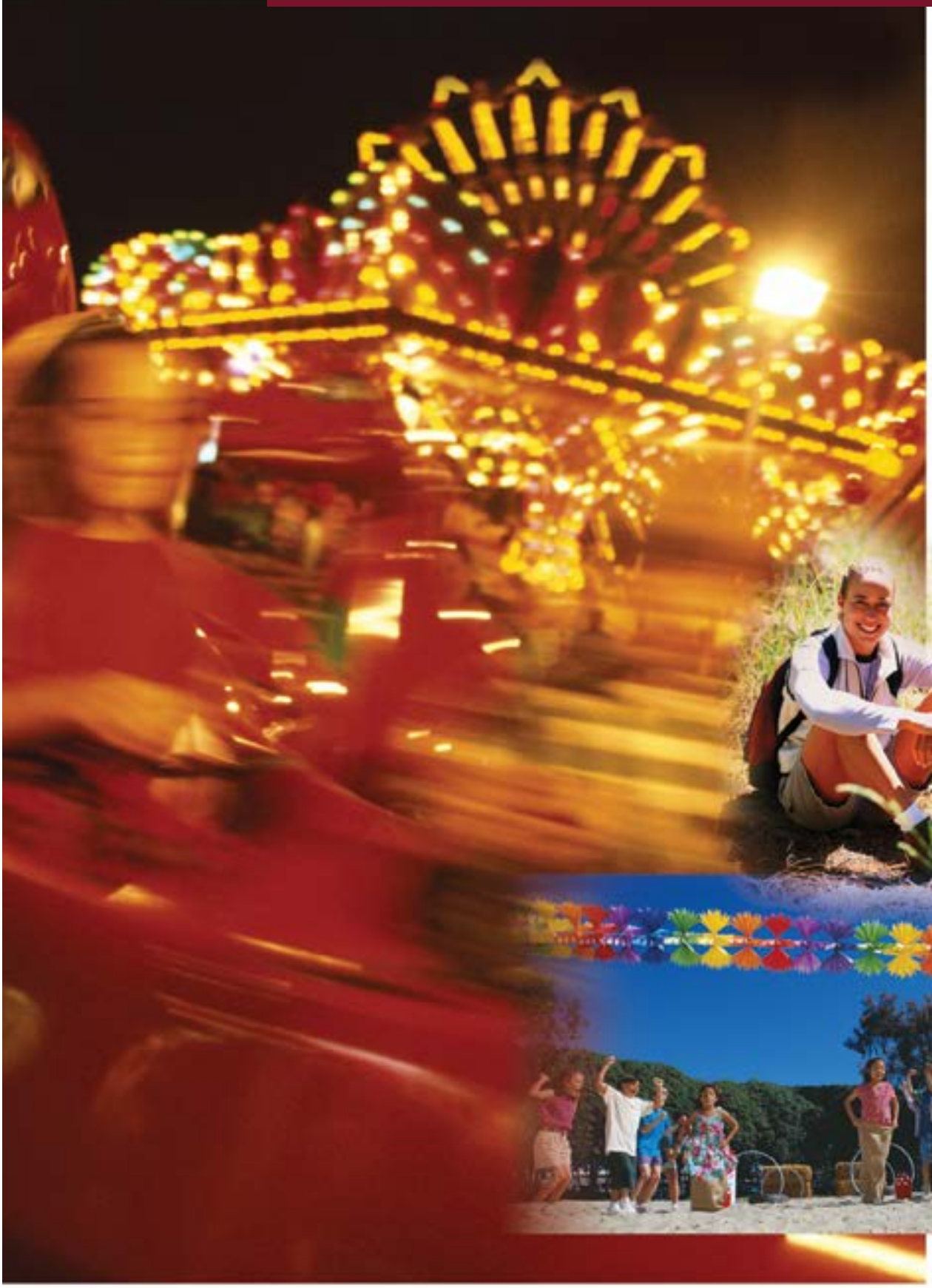
Special Events Accident Medical *Insurance*



- Outings
- Fairs
- Parades
- Picnics
- Pageants
- Meets
- Field Trips
- Hikes
- Soap Box Derbies
- Contests
- Short Term Sporting Events
- Reunions

Francis L. Dean & Associates, LLC

FDL

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

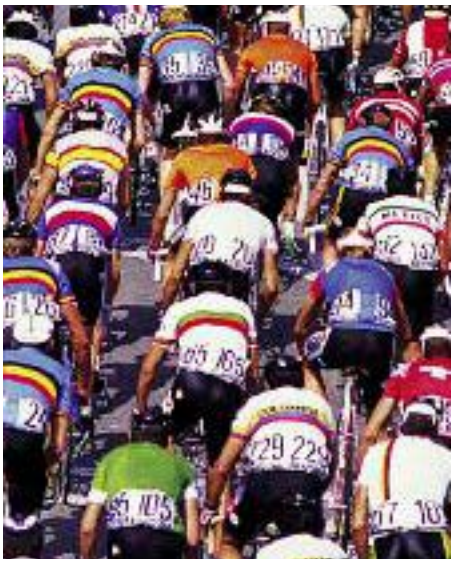
"Member" means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

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	$0.14	$0.23	$0.35	$0.37	$0.56	$0.74	NA
$1,000.00	$2,500.00	$25.00	$0.09	$0.12	$0.21	$0.29	$0.33	$0.46	$0.65	NA
$1,000.00	$2,500.00	$50.00	$0.08	$0.10	$0.18	$0.23	$0.27	$0.37	$0.55	NA
$1,000.00	$2,500.00	$100.00	$0.07	$0.08	$0.15	$0.17	$0.21	$0.28	$0.45	NA
$2,500.00	$5,000.00	$0.00	$0.13	$0.18	$0.32	$0.43	$0.49	$0.68	$0.99	NA
$2,500.00	$5,000.00	$25.00	$0.11	$0.15	$0.25	$0.37	$0.41	$0.59	$0.82	NA
$2,500.00	$5,000.00	$50.00	$0.10	$0.14	$0.23	$0.35	$0.36	$0.55	$0.71	NA
$2,500.00	$5,000.00	$100.00	$0.09	$0.12	$0.21	$0.33	$0.34	$0.51	$0.60	NA
$5,000.00	$10,000.00	$0.00	$0.15	$0.23	$0.38	$0.58	$0.60	$0.92	$1.20	NA
$5,000.00	$10,000.00	$25.00	$0.14	$0.21	$0.35	$0.53	$0.56	$0.83	$1.11	NA
$5,000.00	$10,000.00	$50.00	$0.13	$0.19	$0.33	$0.46	$0.50	$0.74	$1.01	NA
$5,000.00	$10,000.00	$100.00	$0.12	$0.17	$0.31	$0.39	$0.44	$0.65	$0.91	NA

*See below for classification of activities.
**Please contact our office for a quotation.

Minimum Policy Premium is $200.00
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		=		$200.00

Part III Payment

Choose one of the following options. Please initial your choice:

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

☐ Enclosed is 20% of my total premium. **Only available for Annual Policies. Agents: We will not invoice for the deposit. The deposit payment must be included on this form.** The deposit and monthly premium finance payments, including a finance fee, will be drafted automatically from the payment information provided below. This option requires either ACH or Credit Card payment. ☐ ACH (see below) ☐ Credit Card (see below)

Account Billing Address _____
Street City State Zip

Phone Number _____ E-mail Address _____

☐ Please bill my: ☐ Checking Account ☐ Savings Account

Name on Account _____

Bank Name _____

Bank City/State _____

Routing Number _____

Account Number _____

This option is only available for Annual Policies.

There is no convenience fee when you choose the ACH option.

☐ Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name _____

Card # _____

Exp. Date (mm/yyyy) _____

Security Code _____

For premiums less than $1,000.00, a $10.00 convenience fee will be added.
For premiums $1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.
For financed premiums, the convenience fee does not apply.

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

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

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www.fdean.com

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

Form: SBAH51061 3/2018