

GUARANTEE TRUST LIFE INSURANCE COMPANY, Glenview, Illinois

Enrollment for: Accident Insurance

Please print or type - Complete both sides

Name of Policyholder _____

Policy Number (company use only) _____

Mailing Address _____

Policy Term: Effective Date: _____ Termination Date: _____

Covered Activities: The Special Event activity(ies) noted below which are sponsored and directly supervised by the Policyholder.

DEDUCTIBLE PER INJURY - \$0	Maximum Benefit Amounts (select ONLY one option)	
	OPTIONS	
BENEFITS	STANDARD <input type="checkbox"/>	DELUXE <input type="checkbox"/>
Accidental Death	\$5,000	\$12,500
Accidental Dismemberment, <i>Up To</i>	\$10,000	\$25,000
Accident Medical Expense	\$25,000	\$25,000
Premium Rates Per Eligible Person, Per Day		
EVENT TYPES	STANDARD	DELUXE
1. Adult/Bible School	\$0.11	\$0.13
2. Theater, Dance, Parade, Picnic, Reunion	\$0.15	\$0.17
3. Boating, Bowling, Fishing, Hunting	\$0.30	\$0.32
4. Martial Arts, Whitewater Rafting	\$1.90	\$2.00
5. Air Travel, Backpacking, Bicycle Tour	\$0.27	\$0.33
6. Other Land Trip or Tours	\$0.16	\$0.17
7. Spectators at above events	N/A	\$0.20
NO REFUNDS ARE AVAILABLE		

Policy to Cover all Eligible Persons, including: Participants Only Participants and Staff

The Policy will become effective on the date requested if the appropriate premium has been received prior to the requested effective date. It is agreed that the premium will be paid entirely by the Policyholder with no contribution made by the eligible persons toward the cost of the insurance.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Agent Signature _____

Printed Name _____

PREMIUM REPORT

Must be completed for enrollment to be processed - Complete both sides

DATES OF ACTIVITIES	NUMBERS OF ELIGIBLE PERSONS ANTICIPATED TO BE INSURED		Total	DAILY PREMIUM RATE	PREMIUM PER DAY	NUMBER OF DAYS	PREMIUM DUE
	Participants	Staff					
_____ THRU _____	_____	+ _____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____ THRU _____	_____	+ _____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____ THRU _____	_____	+ _____	= _____	X \$ _____	= \$ _____	X _____	= \$ _____

Group Activities: _____

TOTAL PREMIUM: \$ _____

NOTE: Minimum Premium is \$100.00

I certify to the best of my knowledge and belief: 1) the information above is true and correct; 2) the premium is being paid for the total number of eligible persons who are anticipated to be insured during the Policy Term; and 3) the premium is being paid entirely by the Policyholder with no contribution made by the eligible person toward the cost of the insurance.

Authorized Signature: _____

Date: _____

Phone Number: _____

Title: _____

Eligible Events

1. Adult Study School, Bible School.
2. Amateur Theater, Amusement Park Outing, Baton Twirling, Beauty Contest, Dance, Fashion Show, Festival, Fund-Raising Drive, Haunted House, Hay Ride, Museum Outing, Pageant, Parade, Picnic, Prom, Recital, Reunion, Zoo Outing.
3. Biathlon, Bicycling (except BMX), Boating (except Whitewater) Bowling, Exercise, Fishing, Golf, Gymnastics, Hiking, Horseback Riding, Hunting, Jogging, Marathon, Shooting Match, Skating, Soap Box Derby, Swimming, Triathlon, Volunteer Construction/Repair, Weightlifting.
4. Martial Arts, Paintball, Whitewater Rafting.
5. Air Travel, Bicycle Trip, Backpacking, Water Trip/Tour.
6. Other Land Trips or Tours.