

**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: Supervised camp or conference activities sponsored and endorsed by the Policyholder and direct travel to and from such activities in a Designated Vehicle provided by the Policyholder.**

<b>DEDUCTIBLE PER INJURY - \$0</b>	
<b>BENEFITS</b>	<b>Maximum Benefit Amounts</b>
Accidental Death	\$5,000
Accidental Dismemberment, <i>Up To</i>	\$15,000
Accident Medical Expense	\$25,000
<b>Daily Premium Rates - Calendar day or portion thereof</b>	
Tackle Football or Ice Hockey Camp/Conference	\$0.50
Tackle Football or Ice Hockey Overnight Camp/Conference	\$0.70
Other Sports Camp/Conference	\$0.32
Other Sports Overnight Camp/Conference	\$0.52
Non-Sports Camp/Conference	\$0.16
Non-Sports Overnight Camp/Conference	\$0.26
<b>NO REFUNDS ARE AVAILABLE</b>	

**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	PREMIUM PER DAY	NUMBER OF DAYS	PREMIUM DUE
		Participants	Staff					
_____	THRU _____	_____	+	_____ = _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____	THRU _____	_____	+	_____ = _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____	THRU _____	_____	+	_____ = _____	X \$ _____	= \$ _____	X _____	= \$ _____
_____	THRU _____	_____	+	_____ = _____	X \$ _____	= \$ _____	X _____	= \$ _____

Group Activities: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL PREMIUM: \$ \_\_\_\_\_**

**NOTE: Minimum Premium is \$300.00**

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: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_