

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
BENEFITS	
Accidental Death	\$5,000
Accidental Dismemberment, <i>Up To</i>	\$10,000
Accident Medical Expense	\$25,000
EVENT TYPES	Premium Rates Per Eligible Person
<input type="checkbox"/> Adult Study School <input type="checkbox"/> Bible School	\$0.11
<input type="checkbox"/> Amateur Theater <input type="checkbox"/> Amusement/Water Park Outing <input type="checkbox"/> Baton Twirling <input type="checkbox"/> Beauty Contest <input type="checkbox"/> Dance <input type="checkbox"/> Drill Team <input type="checkbox"/> Fashion Show <input type="checkbox"/> Festival <input type="checkbox"/> Fund Raising Drive <input type="checkbox"/> Haunted House <input type="checkbox"/> Hay Ride <input type="checkbox"/> Museum Outing <input type="checkbox"/> Other Land Trips or Tours <input type="checkbox"/> Pageant <input type="checkbox"/> Parade <input type="checkbox"/> Picnic <input type="checkbox"/> Prom <input type="checkbox"/> Recital <input type="checkbox"/> Reunion <input type="checkbox"/> Talent Show <input type="checkbox"/> Zoo Outing	\$0.15
<input type="checkbox"/> Animal Show/Auction <input type="checkbox"/> Battle Re-enactment <input type="checkbox"/> Biathlon <input type="checkbox"/> Bicycling (except BMX) <input type="checkbox"/> Bowling <input type="checkbox"/> Exercise <input type="checkbox"/> Fishing <input type="checkbox"/> Golf <input type="checkbox"/> Hiking <input type="checkbox"/> Jogging <input type="checkbox"/> Marathon <input type="checkbox"/> Paintball <input type="checkbox"/> Shooting Match <input type="checkbox"/> Skating <input type="checkbox"/> Soap Box Derby <input type="checkbox"/> Swimming <input type="checkbox"/> Triathlon <input type="checkbox"/> Volunteer Work Projects <input type="checkbox"/> Walk-a-thon <input type="checkbox"/> Water Trip or Tour	\$0.30
<input type="checkbox"/> Air Trip or Tour <input type="checkbox"/> Backpacking Trip or Tour <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Hunting Trip <input type="checkbox"/> Ski Trip <input type="checkbox"/> Whitewater Rafting	\$2.50
<input type="checkbox"/> Spectators at Above Events	\$0.15

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 _____

GE-EVENTS-25

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 \$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: _____