



Hibbs-Hallmark & Company
 P.O. Box 8357
 Tyler, TX 75711
 800-765-6767 * 903-581-5988 Fax

**EXPERIENTIAL SERVICE PROVIDERS INSURANCE PROGRAM
 GENERAL INFORMATION SECTION
 APPLICATION FOR INSURANCE**

NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."

Name Insured as it is to appear on the policy: _____
 Doing Business as: _____
 Mailing Address: _____
 City: _____ State _____ Zip: _____
 Telephone number: _____ Fax number: _____ Email: _____
 Legal Status(Circle): Individual Partnership Corporation Joint Venture For-profit Non-profit LLC Other
 Address of actual operation if different from above: _____
 City: _____ State _____ Zip _____
 Name of Owner or Insurance Contact: _____ Web Site: _____
 Federal Tax ID Number: _____

LIMITS REQUESTED:

General Liability: \$1,000,000 Per Occ \$2,000,000 General Agg \$1,000,000 Per Occ \$1,000,000 General Agg
 Excess/Umbrella Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other _____

Describe all general liability claims (regardless of fault) that have occurred in the last 5 years. If none, state "none":

Claim: _____ Amount Paid: _____ Date: _____
 Claim: _____ Amount Paid _____ ; _____ Date: _____
 Claim: _____ Amount Paid: _____ Date: _____

Are you aware of any circumstances that may result in a claim being made against you or the company? _____

Have all prior claims, potential claims and suits indicated above been reported to your former insurance carrier? _____

Current insurance company: _____ Expiration Date: _____ Liability Premium: _____

Number of years in business at this location: _____ years? Total experience in this type of business: _____ years?

Proposed Effective Date: _____

Have you ever had similar insurance cancelled or non-renewed? ? Yes No _____ If yes, please explain: _____

Membership Status with the Trade Organization:

Associate/Institutional Member of ACCT Yes No
 Member of P.R.C.A. Yes No

Are you a member of any other associations? _____

Which category best describes your business (check all that apply):

Outdoor Adventure-Based Programs Yes No
 Zip line / Canopy Tour Operations Yes No
 Aerial Adventure Park Operations Yes No
 Challenge Course/Ropes Course Yes No

- 1) Participant demographics: Youth (under 18) Adults (age 18+)
- 2) Do you require all individual participants to sign a waiver? Yes No Initial _____
If no, why not? _____
- 4) Who signs waivers on behalf of participants under the age of 18? _____
- 5) Describe how you maintain the waiver in your records? _____
- 6) Was waiver and release form created and/or reviewed by an attorney familiar with local laws? Yes No
- 7) Date waiver last updated: _____
- 8) Name of attorney/legal counsel who reviewed waiver: _____
- 9) Number of staff: full-time _____ full-time/seasonal _____ part-time _____ contract _____
- 10) Who provides your facilitator training? _____
- 11) How many of your guides are certified? _____
- 12) How often do they have additional risk training/re-certification? _____
- 13) Do you maintain a log of your guides trainings? _____ If so, How long do you maintain records? _____
- 14) Do you have a policy and procedures manual for all employees? _____ Do you have an Employee Handbook? _____
- 15) Do you conduct criminal background checks on staff? Yes No
- 16) Do you check the sexual offenders database? Yes No
- 17) Is there residential living on the premise? Yes No If yes, is there an insurance policy in place to cover it? Yes No
- 18) Are any domesticated animals allowed on the premises? Yes No If yes, what type of animal? _____

Names & full addresses of locations used that will be covered under this policy:

Name: _____ Address: _____ City _____ State: _____ Zip: _____

Name: _____ Address: _____ City _____ State: _____ Zip: _____

Name: _____ Address: _____ City _____ State: _____ Zip: _____

Name: _____ Address: _____ City _____ State: _____ Zip: _____

- 19) Estimated number of patrons to be served in the next 12 months for all activities listed below: # _____
- 20) Total number of patrons served in the last 12 months for all activities listed below: # _____
- 21) Anticipated Gross Receipts for all activities listed below: \$ _____
- 22) Types of services provided (**provide approximate annual revenue & patron count by activity**):

- | | |
|---|---|
| <ul style="list-style-type: none"> • challenge/ropes course _____ • indoor / classroom work _____ • orienteering _____ • rappelling _____ • mountaineering _____ • snow and ice climbing _____ • lodging _____ revenue \$ _____ • bicycle touring _____ • snowshoeing _____ • horseback riding and animal packing _____ • zipline tours _____ • sea kayaking _____ • food service revenue _____ • scuba diving _____ • white water canoeing & kayaking _____ • portable elements _____ • backpacking _____ | <ul style="list-style-type: none"> • rock climbing _____ • multi-pitch climbing _____ • glacier travel** _____ • caving _____ • camping _____ • lodging _____ • mountain biking _____ • cross country and back country skiing _____ • flatwater canoe / kayak _____ • river rafting _____ • sailing _____ • snorkeling _____ • inflatables _____ • extended expeditions & remote wilderness travel _____ • other _____ |
|---|---|

23) Apart from the operations mentioned on this application, are there any other operations conducted on the same premises? Yes No

If yes, what operations: _____

24) Are you requesting coverage for: all activities listed above

Zipline/Canopy Tour Section

Check here if section does not apply

- 1) Do you operate from: _____ own _____ leased premises? If lease, describe arrangement: _____
- 2) Who originally built your course? _____
- 3) Was it built to: ACCT or PRCA standards? ACCT PRCA
If neither, whose standards were followed? _____
- 4) How many ziplines does the tours consist of and length of each? _____
Number of lines: _____ Lengths: _____
- 5) What is the maximum zipline height at your facility? _____ ft Single Line or Double Line Course? _____
- 6) What is the max speed of the fastest zipline? _____ mph
- 7) Have you made any additions to the course since its original construction? Yes No If "YES", list date added, element name, construction vendor name: _____

- 8) Do you have weight limits based on the builders recommendation? Min ___ Max ___
Do you use a scale for each participant? Yes No
- 8) Do you have the weight limit written into the release form and confirmed with a signature by the insured? Yes No
- 9) Date of last course inspection by professional firm: Month _____ Year _____ Name of Firm _____
- 10) How often is the course inspected? Monthly Quarterly Annually Bi-annually Other
- 11) How many cycles per zipline before you retire and replace the line? _____
- 12) Do you maintain a written log documenting inspections of Lines? Yes No And all related equipment? Yes No
- 13) Have you made the recommended improvements on the course since the last professional inspection? Yes No
If "no", Explain? _____
- 14) What sort of braking system does your tour use? Primary _____ Secondary _____
- 15) Do you have padding on your platforms or trees/poles? Yes No
- 16) Are all participants required to wear a helmet? Yes No
- 17) Are participants harnessed prior to advancing to the top of the zipline platforms? Yes No
What type of harnesses do you use? Waist Harness _____ Full Body _____ Both _____
- 18) Do you provide any services after dark, including but not limited to, night ziplining and overnight camping functions? If yes, please describe: _____
- 19) Do you provide transportation to/from your course? Yes No If yes, there is no coverage under this policy, please discuss with your insurance professional.
- 20) What sort of vehicles are used? _____
- 21) Do you allow other organizations to use or rent your facilities? Yes No
If yes, explain: _____
- 22) Do you provide supervision when others rent your facilities? Yes No
- 23) What is the nature of the supervision? _____
- 24) Total Gross Receipts from Course Rental \$ _____
- 25) When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No
- 26) Do you use a hold harmless agreement with the contracting entity? Yes No

AERIAL ADVENTURE PARKS

Check here if section does not apply

1. Do You : Own Lease Premises? If lease, describe arrangement: _____
2. Who originally built your course? _____
3. When was it built? _____ To what standard? _____
4. Have you made any additions to the course since it's original construction? Yes No
If yes, list date added, element name, construction vendor name: _____
5. Date of last course inspection by professional firm _____
Name of Firm _____
6. How often do you and your staff inspect the course? _____
7. Do you maintain a log documenting inspections for course elements and all related equipment? Yes No
8. Have you made the recommended improvements on the course since the last professional inspection? Yes No
If no, why not? _____
9. Do you allow other organizations to use or rent your facilities? Yes No
If yes, explain: _____
10. Do you provide supervision when others rent your facilities? Yes No
11. What is the nature of the supervision? _____
12. Total Gross Receipts from Course Rental \$ _____
13. When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No
14. Do you use a hold harmless agreement with the contracting entity? Yes No
15. Apart from the operations mentioned on this application, are there any other operations conducted on the same premises?
 Yes No
If yes, what are gross receipts, describe additional operations _____
16. Are you requesting coverage for: Aerial Adventure Park only all activities listed above (complete supplemental)
17. What is your staff to participant ratio? _____
18. Please provide a list of training completed in the last 12 months by the Aerial Park Manager:

19. Name of professional firm who provides your facilitator training? _____
20. How often do you have training done? _____
21. Does your course have a supervised practice area? Yes No
22. Do your participants have to demonstrate proficiency before moving to areas of the course with less supervision? Yes No
23. How many elements does your park have?
24. How many zip lines does your park have? _____
25. What is the height of your elements? _____
26. What is the maximum number of elements a participant must complete before they have an opportunity to exit the course? _____
27. Describe your participant lanyard system: _____
28. Describe your fall protection system at transfer stations: _____
29. Are participants notified of difficulty levels at each area of your course? Yes No
30. What is the approximate time a participant will take to complete your course?
31. Describe how participants ascend and descend your elements: _____

Challenge Course Section

Check here if section does not apply

- 1) Do You : Own Lease Premises? If lease, describe arrangement: _____

- 2) If you lease multiple courses throughout the year, what is your course selection criteria? _____

- If yes, Do you ask to review a current inspections report? _____
- 3) Who originally built your course? _____
- 4) When was it built? _____ What standard was it built to? _____
- 5) Have you made any additions to the course since it's original construction? _____
If yes, list date added, element name, construction vendor name: _____
- 6) Date of course inspection by professional firm _____
Name of Firm _____
- 7) Do you have your course inspected annually by a professional firm? Yes No
- 8) How often do you and your staff inspect the course _____
- 9) Do you maintain a log documenting inspections for course elements and all related equipment? Yes No
- 10) Have you made the recommended improvements on the course since the last professional inspection? Yes No
If no, why not? _____
- 11) What is your staff to participant ratio? _____
- 12.) Do you allow other organizations to use or rent your facilities Yes No If no, Skip 19-22.
If yes, explain: _____
- 13) Do you provide supervision when others rent your facilities? Yes No
- 14) What is the nature of the supervision? _____
- 15) Total Gross Receipts from Course Rental \$ _____
- 16) When others rent your facility, do you require certificates of insurance naming you as additional insured? Yes No

OUTDOOR-ADVENTURE BASED PROGRAMS SUPPLEMENTAL APPLICATION I

Check here if section does not apply

COMPLETE THIS SECTION IF YOU PROVIDE EXPERIENTIAL SERVICES TO OTHERS

For all questions, include: description of the activity/event, type of participant, where activity takes place, how often you offer the activity/event and how close is the nearest medical facility .

Orienteering – Provide details on location: _____
List activities included: _____
List instructor qualifications: _____
Ratio of Staff to participants: _____

Rappelling – Provide details on location: _____
List systems used: _____
List instructor qualifications: _____
Ratio of Staff to participants: _____

Mountaineering – Provide details on activities incorporated into this activity: _____
Details on location: _____
List instructor qualifications: _____
Ratio of Staff to participants: _____

Bicycle Touring - Provide details on location: _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List instructor qualifications: _____
Ratio of Staff to participants: _____

Snowshoeing - Provide details on location: _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N
List instructor qualifications: _____
Ratio of Staff to participants: _____

Sea Kayaking - Provide details on location (Class of water and ease of access) _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List instructor qualifications: _____
Ratio of Staff to participants: _____

Backpacking - Provide details on activities incorporated into this activity: _____
Provide details on locations: _____
List instructor qualifications: _____
What is the duration of trips: _____ Ratio of Staff to participants: _____

Rock Climbing - Provide details on location: _____
Natural rock face: Y / N What is the distance to emergency assistance: _____
What systems are used: _____
Who is in charge of belaying: _____
List the instructor qualifications: _____
Ratio of Staff to participants: _____

Caving - Provide details on location: _____
Natural rock face: Y / N What is the distance to emergency assistance: _____
What systems are used: _____

Who is in charge of belaying: _____
List the instructor qualifications: _____
Ratio of Staff to participants: _____

Camping- Provide details on activities incorporated into this activity: _____
Details on location: _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List instructor qualifications: _____
What is the duration of trips: _____ Ratio of Staff to participants: _____
What are the groups demographics: _____

What proactive measures taken to prevent intimate inappropriate behavior: _____

Lodging- Details on location/facility/amenities: _____

Number of occupants: _____
Please provide copy of rental agreement.

Mountain Biking - Provide details on location (including trail marking, trail grooming, and ease of access) _____

List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List the instructor qualifications: _____
Ratio of Staff to participants: _____

Flat-water Canoeing/Kayaking- Provide details on activities incorporated into this activity: _____
Details on location: _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List instructor qualifications: _____
What is the duration of trips: _____ Ratio of Staff to participants: _____
What are the PFD requirements: _____

Sailing - Provide details on activities incorporated into this activity: _____
Details on location: _____
List equipment used: Do you supply/Rent it to participants? _____ Do participants use their own Y / N

List instructor qualifications: _____
What is the size of the Vessel: _____ Ratio of Staff to participants: _____
What are the PFD requirements: _____

THE FOLLOWING INFORMATION MUST BE INCLUDED WITH THE SIGNED APPLICATION, TO BE ACCEPTED:

- 1) Resumes for key personnel showing ropes training completed.
- 2) Copy of Staff Training Program, policy and procedures manual, and employee handbook.
- 3) Need proof of ACCT or PRCA membership.
- 4) Copy of course and equipment inspection conducted within the past 12 months by an insured professional firm.
- 5) Attach list of entities needing certificate of insurance, including additional insured's. (State nature of relationship.)
- 6) Loss Runs/Claim History from current/prior insurance carriers for the past 3 years.
- 7) Copy of current waiver/release form used.
- 8) More information may be required upon request.

FRAUD WARNINGS

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO LOUISIANA AND MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK AND KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND NEW YORK APPLICANTS SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Declaration

I/We hereby declare that the above statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Applicants Name (printed): _____

Applicants signature: _____ Date: _____

(Application must be signed by Insured)



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Insurance Agency

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PROPERTY INSURANCE APPLICATION

COMPLETE ONE PER LOCATION

Insured Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Number of years in business: _____ Website: _____

Email: _____ Work: _____ Cell: _____ Fax: _____

Entity: Individual Partnership Corporation Joint venture For Profit Non-profit LLC

Physical Location, if different from above:

Address: _____

City: _____ State: _____ Zip: _____

Construction Type: Frame/Brick Veneer Masonry Metal

Year Build: _____ # Stories: _____ Square Footage: _____

If over 25 yrs. old, provide year of updates for: Heating: _____ Electrical: _____ Roof: _____ Plumbing: _____

Distance from fire station: _____ Miles Distance from fire hydrant: _____ Feet

Is the building sprinklered (fire suppression system)? Yes No If yes, what percentage? _____%

Do you have an alarm? Yes No If yes, what type? Local Gong Central Station Fire and/or Burglar

Coverage Information

Requested Effective Date: / /

Subject of Insurance	Limit of Insurance	Deductible	Policy Form	Co-Insurance	Valuation
Building – If Owned			Special	90%	RC
Business Personal Property			Special	90%	RC
Business Income			Special	90%	RC

***Business Income Coverage requires a Business Income Estimate Worksheet**

Lein Holders/Additional Insureds

Name of Lein Holder/Additional Insured	Address	Relationship

Current Insurance Carrier: _____ Number of yrs. insured: _____

Expiring Premium: _____ Have you had any claims in the past 5 years? Yes No

If yes, please provide the following information:

Date of Claim	Description	Amount of Loss

Course Property and Equipment to be insured:

Description Serial # Value: RC or ACV

Example: Canopy Tour \$150,000

Example: MISC Equipment \$15,000

Example: Snack Shack \$20,000

Need Business Interruption Coverage? If so, What Limit? _____

Need Coverage for Lease or Rented Equipment? If So, please provide schedule of items or highest valued piece of equipment you would rent? _____ and annual rental expenditure \$ _____

Note: Scheduled property can include your canopy tour, building, contents, climbing tower, equipment, office equipment, mules, power tools, heavy equipment, etc.

Applicants Name: _____

Applicants signature: _____ Date: _____

(Application must be signed by Insured)



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**PRIMARY ACCIDENT MEDICAL INSURANCE
 ENROLLMENT FORM**

Name of Member: _____

Address: _____

Contact Person: _____ Email: _____

Phone: _____ Website: _____

Effective Date: _____ Termination Date: _____

of Youth Participants: _____ # of Adult Participants: _____
 (Age 18 & Under) (Age 19 & Over)

Association Membership: ACCT PRCA

Type of Events/Activities to be covered: _____

Plan A Benefit:		<input type="checkbox"/>
Primary Accident Medical Maximum Benefit	\$5,000	
Deductible	\$100 Per Injury	
Accidental Death & Dismemberment	\$5,000	
Dental Expense Benefit Maximum	\$1,000	
	\$250 per tooth	
Rate per Participant per Day	\$0.25	

Plan B Benefit:		<input type="checkbox"/>
Primary Accident Medical Maximum Benefit	\$10,000	
Deductible	\$100 Per Injury	
Accidental Death & Dismemberment	\$10,000	
Dental Expense Benefit Maximum	\$1,000	
	\$250 per tooth	
Rate per Participant per Day	\$0.45	

_____ X _____ = \$ _____
Total # of Participants per year Rate Per Participant Total Premium Due

The above information is correct to the best of my knowledge. I hereby elect **NOT** to purchase this coverage:

 Authorized Signature

 Name (printed)

 Title

 Date