

Good public relations are important!! Let us share your responsibility! We serve 4-H by providing accident coverage for all your club programs.

Volunteer Leaders – apply today for coverage. This accident policy covers all of your club events for one full year.

Extension Staff do you realize this same great coverage is offered on a county basis? Cover all of the clubs in your county under one policy!

Questions? Call 1-800-849-4820.



**American Income Life
Insurance Company**

Special Risks Division

P.O. BOX 50158 • INDIANAPOLIS, INDIANA 46250

(317) 849-5545 • 1-(800) 849-4820

www.AmericanIncomeLife.com



**American Income Life
Insurance Company**

Special Risks Division

P.O. BOX 50158 • INDIANAPOLIS, INDIANA 46250

(317) 849-5545 • 1-(800) 849-4820

www.AmericanIncomeLife.com

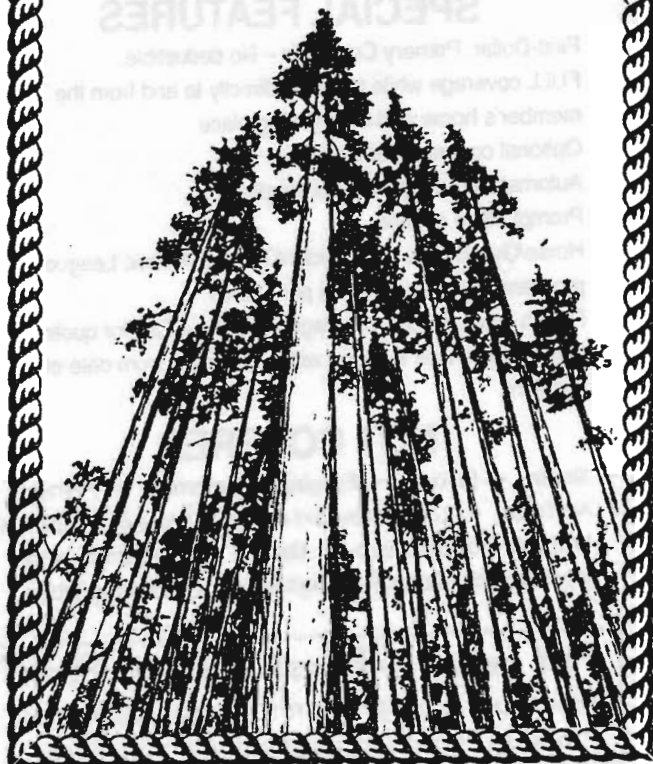
Accident Insurance

4-H CLUB MEMBERS

One Full Year

1 00

**ONLY \$1.00 PER PERSON FOR
A FULL YEAR'S COVERAGE**



\$1.00 PER PERSON PER YEAR!

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activity. (All members must be insured.)

MAXIMUM BENEFITS

\$2,500.00 MEDICAL & HOSPITAL EXPENSES RESULTING FROM INJURIES.

\$5,000.00 LOSS OF LIFE.

\$500.00 DENTAL EXPENSE DUE TO INJURY TO SOUND NATURAL TEETH.

***\$10,000.00** LOSS OF ANY TWO: ARMS, LEGS, FEET OR HANDS OR SIGHT OF BOTH EYES.

***\$5,000.00** LOSS OF ANY ONE: ARM, LEG, FOOT OR HAND.

***\$3,000.00** LOSS OF SIGHT OF ONE EYE.

*When injury does not result in loss of life but does result in any of these losses within 100 days of the accident, one of these maximum benefits will be paid in addition to any other covered expenses.

SPECIAL FEATURES

- First-Dollar, Primary Coverage – No deductible.
- FULL coverage while traveling directly to and from the member's home and the meeting place.
- Optional coverage for leaders.
- Automatic coverage of new members.
- Prompt claim service.
- Horse/Gymkhana, Motorcycle/ATV, and Athletic League programs covered at \$2.00 per person.
- Rough Stock Rodeo coverage available – Call for quote.
- Covers expenses incurred within 52 weeks from date of accident.

NOT COVERED

- Illness • Suicide • Eyeglass replacement • Hernia
- Air Travel • Losses covered under Medicare or any plan of Worker's Compensation • Denture replacement or repair
- Injuries sustained while skiing/tobogganing/sledding/tubing.

Put your 4-H'ers Safety First!

Make sure your programs are age-appropriate and in compliance with State guidelines.

APPLICATION Annual Accident Coverage

Name of Club _____

List Projects _____

Name of Contact Person _____

Mailing Address _____

City _____ County _____

State _____ Zip _____ Phone # _____

*Effective Date of Coverage _____ (if requesting specific date)

Has this Club had one of our annual policies within the last year?

Yes No

MINIMUM PREMIUM PER POLICY - \$10.00.

of Regular Project Members _____ x \$1.00 = \$ _____

of Reg. Project Leaders (optional) _____ x \$1.00 = \$ _____

of Horse/Other Members _____ x \$2.00 = \$ _____

of Horse/Other Leaders (optional) _____ x \$2.00 = \$ _____

Total Insured _____ TOTAL \$ _____

Covered Leaders Names: (Attach separate sheet if necessary.)

1. _____

2. _____

3. _____

4. _____

*As authorized leader of the above group I request that a policy be issued on the effective date requested, or on the date this application is received, whichever is later.

We are enclosing a check or money order calculated at the rate of \$1.00 (\$2.00 horse/motorcycle/athletic) for each person to be covered payable to:

American Income Life Insurance Company

P.O. Box 50158

Indianapolis, Indiana 46250

1-800-849-4820

NOTICE: 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.

Signed _____

Unit or Club Leader

Florida Licensed Agent _____

Agent License # _____



103 app rev 1/99

FOR HOME OFFICE USE ONLY

POLICY NO. _____

ISSUE DATE _____