



# TRIP-TRAVEL ACCIDENT INSURANCE

- Educational Groups
- Recreational Groups
- Church Groups
- Sightseeing Groups
- Convention Groups
- School Groups
- Other Groups

Underwritten by:



**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY

70 Genesee Street  
Utica, New York 13502



# APPLICATION FOR TRIP TRAVEL ACCIDENT INSURANCE TO COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY, UTICA, NY 13502

1. Name of Policyholder: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

3. (a) Trip or travel activity \_\_\_\_\_

(b) To be insured for \_\_\_\_\_ day(s) beginning \_\_\_\_\_, \_\_\_\_\_.

4. Policy to cover:         Participants Only         Participants and Policyholder Staff

5. Plan of Benefits and Premium Rates (**Check Plan selected**):  Excess  Primary

Check Plan Number	Accidental Death Benefit	Maximum Medical Benefit	Deductible Amount	Daily Rates	
				Excess	Primary
<input type="checkbox"/> 1	\$1,000.00	\$2,500.00	None	\$.16	\$.21
<input type="checkbox"/> 2	1,000.00	2,500.00	\$ 25.00	.13	.18
<input type="checkbox"/> 3	1,000.00	2,500.00	100.00	.10	.13
<input type="checkbox"/> 4	2,500.00	5,000.00	None	.20	.27
<input type="checkbox"/> 5	2,500.00	5,000.00	25.00	.17	.23
<input type="checkbox"/> 6	2,500.00	5,000.00	100.00	.14	.18
<input type="checkbox"/> 7	5,000.00	10,000.00	None	.25	.33
<input type="checkbox"/> 8	5,000.00	10,000.00	25.00	.22	.29
<input type="checkbox"/> 9	5,000.00	10,000.00	100.00	.20	.25
<input type="checkbox"/> 10	10,000.00	25,000.00	None	.34	.43
<input type="checkbox"/> 11	10,000.00	25,000.00	25.00	.31	.40
<input type="checkbox"/> 12	10,000.00	25,000.00	100.00	.29	.36
<input type="checkbox"/> 13	_____	_____	_____	_____	_____

**For benefits and rates other than above, contact the Home Office.**

6. Policy Premium:

(a) Number of participants \_\_\_\_\_ + number of staff \_\_\_\_\_ = total eligibles \_\_\_\_\_

(b) Total eligibles \_\_\_\_\_ x number of days \_\_\_\_\_ x rate of \$ \_\_\_\_\_ = \$ \_\_\_\_\_ \*

\*Minimum Policy Premium for Excess Coverage is \$150.00  
\*Minimum Policy Premium for Primary Coverage is \$200.00

7. I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question 3, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit.

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 in the state of New York, 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.

Policyholder, by \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent/Broker Name and Address \_\_\_\_\_



## WHO IS COVERED

All participants in the covered activity.  
Policyholder staff may be included.

## COVERED ACTIVITY

The trip or travel activity specified in the application sponsored by the Policyholder.

## MEDICAL EXPENSE BENEFIT

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

“Eligible expense” means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Primary coverage pays benefits under the Plan without offset for other insurance (except Workers’ Compensation).

If excess coverage is selected, this Plan does not cover that part of the expense for treatment or service for which benefits are payable or service is available under any other group or blanket insurance or group medical service plan available to the Insured Person, including mandatory automobile no-fault Insurance.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a covered injury results in any of the losses specified below within 100 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye

“Member” means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

If the Principal Sum for loss of life is payable, no additional indemnity will be paid for dismemberment. In any event, the Principal Sum is the maximum amount payable under this Part for all losses resulting from one accident.

## EXCLUSIONS AND LIMITATIONS

This Plan does not cover any loss contributed to or resulting from: Sickness or disease in any form (except pyogenic infections due to an accidental cut or wound); the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether or not declared, or participation in any riot or insurrection; air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline; suicide or any attempt thereat, or any intentionally self-inflicted injury. Nor does this Plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person’s family or household; dental treatment, except as the result of a covered injury; examination for, prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair or replacement of any orthopedic appliance; expenses payable under any Workers’ Compensation Law or similar legislation.

The total aggregate benefit under this Plan for two or more persons injured in the same accident is the greater of \$25,000 or two times the maximum individual medical amount selected.

This Plan does not cover injury sustained during practice for or play in any athletic game, event, or tournament sponsored by or under the direction of any organized sports league, conference, or association, or while traveling to or from such practice or play.

## THE UNDERWRITING COMPANY

Commercial Travelers Life Insurance Company was established in 1883. Since our founding we have taken pride in our ability to develop and service products designed to meet specific needs. The Special Risk Insurance Plan described in this brochure is an example of our dedication to the development of quality insurance products.

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The policy provides ACCIDENT Insurance only. It does not provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

**IMPORTANT NOTICE—THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

Note: This brochure explains the general purpose of the insurance described, but in no way changes or affects any such policy as actually issued.



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Commercial Travelers Building, Utica, New York 13502