



YOUTH GROUP ACCIDENT INSURANCE

- Boy and Girl Scouts
- Future Farmers of America
- 4-H Clubs
- DeMolay
- Choirs
- Drill Teams
- Church Youth Groups
- Rainbow Girls
- Pathfinders
- Drum and Bugle Corps
- Etc.

Underwritten by:



COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, New York 13502



APPLICATION FOR YOUTH GROUP ACCIDENT INSURANCE TO COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY UTICA, NY 13502

1. Name of Policyholder: _____ Phone No. _____

2. Address: _____
Number Street City State Zip

3. Policy term requested: one year beginning _____, 20 _____.

4. Policy to cover: Members Only Members 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	Boys and Girls Under 12 Annual Rate Per Person		Boys and Girls All Ages Annual Rate Per Person	
				Excess Plan	Primary Plan	Excess Plan	Primary Plan
<input type="checkbox"/> 1	2,500.00	5,000.00	None	1.95	2.60	2.45	3.35
<input type="checkbox"/> 2	2,500.00	5,000.00	50.00	1.45	2.00	1.90	2.55
<input type="checkbox"/> 3	2,500.00	5,000.00	100.00	1.30	1.80	1.70	2.30
<input type="checkbox"/> 4	5,000.00	10,000.00	None	2.45	3.25	3.20	4.25
<input type="checkbox"/> 5	5,000.00	10,000.00	50.00	2.05	2.65	2.65	3.45
<input type="checkbox"/> 6	5,000.00	10,000.00	100.00	1.90	2.45	2.45	3.15
<input type="checkbox"/> 7	5,000.00	15,000.00	None	2.95	3.70	3.65	4.80
<input type="checkbox"/> 8	5,000.00	15,000.00	50.00	2.60	3.30	3.30	4.40
<input type="checkbox"/> 9	5,000.00	15,000.00	100.00	2.40	3.05	3.05	4.05
<input type="checkbox"/> 10	5,000.00	25,000.00	None	3.20	4.05	3.95	5.25
<input type="checkbox"/> 11	5,000.00	25,000.00	50.00	2.80	3.55	3.45	4.60
<input type="checkbox"/> 12	5,000.00	25,000.00	100.00	2.65	3.35	3.10	4.35

6. Policy Premium:

(a) Number of members _____ + number of staff _____ = total eligibles _____

(b) Total eligibles _____ x rate of \$ _____ = \$ _____ Total Premium*

*Minimum Policy Premium for Excess Coverage is \$200.00
 *Minimum Policy Premium for Primary Coverage is \$300.00

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, with intent to defraud or knowing he is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.

Policyholder, by _____

Title or Position _____ Date Signed _____

Agent/Broker Name and Address _____



WHO IS COVERED

All members of the Policyholder.
Policyholder staff may be included.

COVERED ACTIVITY

(A) All activities sponsored and supervised by the Policyholder, including travel with a group in connection with such activities, and (B) travel directly and without delay to or from the Insured Person's home or residence and the site of such activities.

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

If Excess coverage is selected, this Plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person. Primary coverage pays benefits under the Plan without offset for other insurance (except Workers' Compensation).

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 is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit 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 civil commotion; 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 or artificial dental restoration; expenses payable under any Workers' Compensation Law or similar legislation; injury sustained while riding in or on any two or three-wheeled engine-driven or motorized vehicle. Note: Certain of these exclusions or limitations may be modified to meet individual state requirements.

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.



Commercial Travelers Building
Utica, New York 13502