

Dance School & Studio Accident Insurance



Underwritten by:



As Policy Form Series SR-1-90 (NY)



APPLICATION FOR SPECIAL RISKS ACCIDENT INSURANCE TO COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY, UTICA, NY 13502

1. Name of Policyholder: _____ Phone No. _____

2. Address: (Mailing) _____
Number Street City State Zip

(Location) _____
Number Street City State Zip

3. Effective date of coverage: _____ Termination date of coverage: _____

4. Policy to Cover: **All Students and Staff of Dance School or Studio named as Policyholder**

5. Plan of Benefits: **See Modifications for Plan selection**

Primary
 Excess

Modifications:

Check Plan Number	AD&D Benefit (Principal Sum)	Maximum Medical Expense Benefit	Deductible Amount	Annual Rate Per Person
1	10,000.00	25,000.00	\$ 50.00	\$2.45
2	10,000.00	25,000.00	100.00	2.35
3	15,000.00	50,000.00	\$ 50.00	\$3.05
4	15,000.00	50,000.00	100.00	2.95
5	_____	_____	_____	_____

6. Premium Basis:

Classification of Insureds	Number Eligible	Rate	Premium
Students, Staff and Volunteers	_____	x \$ _____	= \$ _____

Total Premium (subject to Minimum Policy Premium of \$ _____): \$ _____

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 _____
Signature

Title or Position _____ Date Signed _____

Agent/Broker Name and Address _____



WHO IS COVERED

All students, members and volunteers of the Policyholder.

COVERED ACTIVITY

All activities sponsored and supervised by the Policyholder, including travel with a group in connection with 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 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 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 thereof, or any intentionally self-inflicted injury. Nor does this Plan provide benefits for: services 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.

Note: Some 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.

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.



COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

Commercial Travelers Building, Utica, New York 13502