POLICY APPLICATION (please print or type)

which, upon acceptance and approval by **NATIONAL CASUALTY COMPANY – Madison, Wisconson** will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER 509–49–**_____
Office Use Only

1. **Name of Plan Sponsor** _____
Group's Name

Permanent Mailing Address _____
Number Street City State Zip County

2. **Policy Term**: The policy term starts at **12:01 A.M.** on _____ which is the effective date and ends at **12:01 A.M.** on _____ **(the date after the last reported activity)** which is the termination date. **(The policy term must not exceed 6 months.)**

3. **Covered Activities**

The special event activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor.
(Use PHI Codes)

4. **Maximum Benefit Amounts**—the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts		
	Class 1-4	Class 5-8	Class 9
ACCIDENTAL DEATH AND SPECIFIC LOSS with a $250,000 overall maximum for any one accident.			
Death	$5,000	$5,000	$5,000
Specific Loss (Face Amount)	10,000	10,000	10,000
MEDICAL EXPENSE Accident			
Deductible	None	None	None
Overall Maximum	25,000	25,000	25,000
Sickness (Overall Maximum)	None	5,000	None
OFFICE USE ONLY	2220P 4220E	7913P 6913E	2220P 4220E

5. **Premium Rates by Class(es) of Eligible Persons** – check Class(es) and Medical Expense Plan desired.

CLASS	Eligible Persons	Daily (calendar exposure day or portion thereof) Premium rates per Eligible Person	
	All participants or all participants and staff in the activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor (check only those activities to be insured):	☐ Medical Expense Primary Plan	☐ Medical Expense Excess Plan
1	☐ Adult Study School ☐ Bible School (PHI580)	$0.05	$0.04
2	☐ Amateur Theater ☐ Amusement/ Water Park Outing ☐ Baton Twirling ☐ Beauty Contest ☐ Dance ☐ Exhibit ☐ Fashion Show ☐ Festival ☐ Fund-Raising Drive ☐ Haunted House ☐ Hay Ride ☐ Museum Outing ☐ Pageant ☐ Parade ☐ Picnic ☐ Prom ☐ Recital ☐ Reunion ☐ Zoo Outing (PHI581)	0.09	0.07
3	☐ Battle Re-Enactment ☐ Biathlon ☐ Bicycling (except BMX) ☐ Boating (except whitewater) ☐ Bowling ☐ Darts ☐ Donkey Sports ☐ Exercise ☐ Fishing ☐ Golf ☐ Gymnastic ☐ Hiking ☐ Horseback Riding ☐ Hunting ☐ Jogging ☐ Manual Training School ☐ Marathon ☐ Science Field Study ☐ Shooting Match ☐ Skating ☐ Soap Box Derby ☐ Swimming ☐ Triathlon ☐ Volunteer Construction or Repair Work ☐ Walk-A-Thon ☐ Weightlifting (PHI582)	0.24	0.17
4	☐ Martial Arts ☐ Paintball (PHI586)	2.40	1.70
5	☐ Whitewater Boating/Rafting Trip or Tour (PHI676)	1.05	0.75
6	☐ Air ☐ Backpacking ☐ Bicycle ☐ Volunteer Construction and/or Repair Work ☐ Other Water Trip or Tour (PHI583)	0.35	0.21
7	☐ Cave Exploring (Spelunking) ☐ Scuba/Skin Diving ☐ Snowboarding ☐ Snow Ski Trip or Tour (PHI585)	2.45	1.75
8	☐ Other Land Trip or Tour (PHI584)	0.17	0.10
9	☐ All spectators for the activity(ies) checked above (PHI587)	0.09	0.07

When a person on a given day is taking part in more than one of the activities checked above, premium should be paid based only on the highest rated activity. The practice and/or play of league sports is excluded.

The minimum premium per policy term is **$225** if the medical expense primary plan has been elected and **$175** if the medical expense excess plan has been elected.

6. **The Policy is to cover all eligible persons** which include: ☐ participants only (06), or ☐ participants and staff (09).

7. **It is understood and agreed that:** (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) **premium will be paid with the application based on the total premium due as shown on the Premium Report.**

(NY) 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 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.

By signing below, you agree that you have read all of the Fraud Warnings on both sides of this application.

Previous Policy Number

Signature of Applicant

Date

Printed Name and Title of Applicant

Carolina Consulting Services, ABCO 100 Division
Agent's Signature and Number

Address of Applicant

Agent's Phone Number

Applicant's E-mail Address

Agent's E-mail Address

Applicant's Phone Number