

**POLICY APPLICATION** (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY—Columbus, Ohio 43216**, will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER 402-94-**\_\_\_\_\_

Office Use Only

1. **Name of Plan Sponsor** \_\_\_\_\_ **Sport:** \_\_\_\_\_  
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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ which is the termination date.

3. **Team Name(s) and Age Class(es)** (for example, ages 9 & under, 10-12, 13-15, 16-18, or 19 & over)

Team Name	Age Class	Team Name	Age Class
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Note: If additional space is required, use a separate sheet.

4. **Maximum Benefit Amounts**

<b>Benefit Provisions</b> (Check Medical Expense Plan Desired)	<b>Maximum Benefit Amounts</b>
A. DEATH AND SPECIFIC LOSS (Face Amount) -----	\$ _____
B. MEDICAL EXPENSE <input type="checkbox"/> Primary Plan OR <input type="checkbox"/> Excess Plan	
Deductible -----	\$ _____
Maximum Amount -----	\$ _____

5. **Premium Rates**

Age Class	Gross Rate per Player	Discount of ____% for Insuring ____ Teams	Net Rate per Player	Number of Players	Premium Due
9 & under	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
10-12	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
13-15	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
16-18	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____
19 & Over	\$ _____	- \$ _____ =	\$ _____	X _____ =	\$ _____

Total premium due subject to a minimum of **\$225** if the medical expense primary plan has been elected and **\$175** if the medical expense excess plan has been elected ----- \$ \_\_\_\_\_  
For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

6. **It is understood and agreed that:** (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) **the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

(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 contained within this document.**

Previous Policy Number \_\_\_\_\_  
Date \_\_\_\_\_  
Agent's Signature and Number \_\_\_\_\_  
Agent's Phone Number \_\_\_\_\_  
Agent's E-mail Address \_\_\_\_\_  
GR-9040-1A

Signature of Applicant \_\_\_\_\_  
Printed Name and Title of Applicant \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Applicant's E-mail Address \_\_\_\_\_  
Applicant's Phone Number \_\_\_\_\_

**NOTE:** Rates and benefits vary by state and group. Please be sure the attached rate sheet(s) apply(ies) accordingly.

## FRAUD WARNINGS

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (NY) Please read statement located at bottom of application (reverse side) above signature section.
- (PA) 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.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) 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/or civil penalties.

Comparison Chart	Nationwide	Other Insurer
Death or Specific Loss must occur within	<u>1 Year</u> <sup>1</sup>	_____
Percentage for Entire Loss of:		
Each Arm or Leg	<u>75%</u> <sup>2</sup>	_____ %
Speech, Each Eye, Hand or Foot	<u>50%</u> <sup>2</sup>	_____ %
Hearing of Each Ear	<u>25%</u> <sup>2&amp;3</sup>	_____ %
Thumb and Index Finger of Same Hand	<u>25%</u> <sup>2</sup>	_____ %
Medical Expenses must be incurred within:		
First Treatment	<u>90 days</u>	_____
Later Treatments	<u>3 Years</u>	_____
Internal Dental Dollar Limits:		
Per Tooth Restriction	<u>None</u> <sup>4</sup>	\$ _____
Overall Dental Restriction	<u>None</u> <sup>4</sup>	\$ _____
Limit on number of diathermy/light/shortwave/other heat/physiotherapy if hospital confined or under home health agency care	<u>None</u> <sup>4</sup>	_____
If neither so confined nor under home health care	<u>First 5</u> <sup>4</sup>	_____
Roster Requirements:		
Team Names and Ages	<u>Yes</u>	_____
Individual Names and Ages	<u>No</u>	_____
Covered Travel:		
Plan Sponsor's Group Travel	<u>Yes</u>	_____
Individual Direct Travel to/from Clinics, Games, and Practice Sessions	<u>Yes</u>	_____
Does coverage apply to most extra activities?	<u>Yes</u>	_____
Are coaches, managers, officers, etc. covered at no extra charge?	<u>Yes</u>	_____
Special Short-Term Rates – % of Season Rate for a Policy of:		
One Day	<u>20%</u> <sup>5</sup>	_____ %
2 thru 15 Days	<u>33 1/3%</u> <sup>5</sup>	_____ %
16 Days thru 1 Month	<u>50%</u> <sup>5</sup>	_____ %
Extended coverage available for terms longer than the Standard Season	<u>Yes</u>	_____
Minimum Policy Premium:		
Primary Medical Policy	<u>\$225</u>	\$ _____
Excess Medical Policy	<u>\$175</u>	\$ _____

<sup>1</sup> No time restriction in PA or WV for death.

<sup>2</sup> Separate losses accumulate to 100% (e.g., one hand and thumb and index of another = 75%, not just the greater (50%) of the two).

<sup>3</sup> Many insurers pay 50% for loss of hearing in both ears, but nothing for loss in one ear.

<sup>4</sup> Reasonable and Customary expenses up to Medical Maximum.

<sup>5</sup> Special Short-Term policies cannot be added together (e.g., 5 week term at 33 1/3% + 50% = 83 1/3%) to avoid a standard season rate.