

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

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

Office Use Only  
**Sport:**  Baseball (001)  
 Softball/T-Ball (002)  
 Combination (003)

1. **Name of Plan Sponsor** \_\_\_\_\_  
 Group's Name  
**Permanent Mailing Address** \_\_\_\_\_  
 Number Street City State Zip County

2. **Policy Term:** The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) 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**

Sport	Age Class	Gross Rate per Player	Discount of ____% for Insuring ____ Team	Net Rate per Player	Number of Players	Premium Due
Baseball	9 & Under	\$ -	\$ =	\$ x	=	\$
Baseball	10-12	\$ -	\$ =	\$ x	=	\$
Baseball	13-15	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	9 & Under	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	10-12	\$ -	\$ =	\$ x	=	\$
Softball/T-Ball	13-15	\$ -	\$ =	\$ x	=	\$
Baseball/Softball	16-18	\$ -	\$ =	\$ x	=	\$
Baseball/Softball	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.**

**By signing below, you agree that you have read all of the Fraud Warnings contained within this document.**

Previous Policy Number _____	Signature of Applicant _____
Date _____	Printed Name and Title of Applicant _____
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 _____

**NOTE:** These plans are available only in AR, FL, GA, LA, MS, NC, OK, TX, and WV. For other states, visit [www.grouprotector.com](http://www.grouprotector.com) or call 1-800-525-8669 (option 5). Special rates of up to 80% higher apply to all public schools (private and religious schools use the rates shown in this brochure). For public schools, please contact us.

### FRAUD WARNINGS

(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.

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

<sup>1</sup> No time restriction in 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.

**NATIONWIDE'S SEASON PREMIUM RATES FOR AR, FL, GA, LA, MS, NC, OK, TX, AND WV  
FOR OTHER STATES, VISIT WWW.GROUPROTECTOR.COM OR CALL 1-800-525-8669, (OPTION 5)**

Season, Sport and Standard Maximum Policy Term	Benefit Amounts			Gross Rate Per Player by Age Class**										Office Use Only	
	Death & Specific Loss (Face Amount)	Medical Expense		1 Ages 9 and Under excluding Public Schools		2 Ages 10-12 excluding Public Schools		3 Ages 13-15 excluding Public Schools		4 Ages 16-18 excluding Public Schools		5 Ages 19 & Over excluding Colleges, Universities, Professionals and Semi-Pros			
		Deductible	Maximum Amount	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan		
				Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary Plan	Excess Plan	Primary BSC	Excess BSC		
<b>BASEBALL* (001)</b> (SIX MONTHS STANDARD MAXIMUM POLICY TERM)	\$10,000	\$ 0	\$ 5,000	\$6.50	\$3.00	\$ 10.80	\$4.55	\$25.35	\$ 9.75	\$32.40	\$12.25	\$ 88.70	\$32.45	X201	X701
		50	5,000	6.20	2.30	10.25	3.25	23.95	6.60	30.60	8.20	83.60	21.10	X207	X707
	12,500	0	10,000	7.70	3.45	12.75	5.15	29.75	10.90	38.05	13.70	103.95	36.00	X301	X801
		50	10,000	7.35	2.60	12.15	3.65	28.35	7.15	36.20	8.85	98.85	22.45	X307	X807
	15,000	0	25,000	9.05	3.90	14.95	5.75	34.90	12.05	44.55	15.15	121.75	39.55	X401	X901
		50	25,000	8.70	3.00	14.40	4.20	33.45	8.10	42.75	10.05	116.65	25.30	X407	X907
		100	25,000	8.45	2.65	13.80	3.55	32.05	6.60	40.90	8.05	111.50	19.80	X409	X909
	17,500	0	50,000	NA	4.70	NA	7.00	NA	14.75	NA	18.50	NA	48.55	NA	X951
		50	50,000	NA	3.95	NA	5.65	NA	11.40	NA	14.20	NA	36.50	NA	X957
		100	50,000	NA	3.35	NA	4.65	NA	8.85	NA	10.95	NA	27.35	NA	X959
	20,000	0	100,000	NA	5.15	NA	7.60	NA	15.90	NA	19.95	NA	NA	NA	X969
		50	100,000	NA	4.75	NA	6.90	NA	14.10	NA	17.60	NA	NA	NA	X975
		100	100,000	NA	4.20	NA	5.90	NA	11.65	NA	14.45	NA	NA	NA	X977
	25,000	0	250,000	NA	5.90	NA	8.55	NA	17.55	NA	21.90	NA	NA	NA	X985
		50	250,000	NA	5.45	NA	7.80	NA	15.60	NA	19.40	NA	NA	NA	X986
		100	250,000	NA	4.90	NA	6.80	NA	13.15	NA	16.25	NA	NA	NA	X987

<b>SOFTBALL &amp; T-BALL* (002)</b> (SIX MONTHS STANDARD MAXIMUM POLICY TERM)	\$10,000	\$ 0	\$ 5,000	\$4.35	\$2.20	\$7.05	\$3.20	\$23.05	\$8.90	\$32.40	\$ 12.25	\$88.70	\$32.45	X201	X701
		50	5,000	4.15	1.80	6.70	2.40	21.75	6.05	30.60	8.20	83.60	21.10	X207	X707
	12,500	0	10,000	5.15	2.60	8.35	3.65	27.05	10.00	38.05	13.70	103.95	36.00	X301	X801
		50	10,000	4.95	2.10	8.00	2.75	25.80	6.60	36.20	8.85	98.85	22.45	X307	X807
	15,000	0	25,000	6.05	2.95	9.80	4.15	31.75	11.05	44.55	15.15	121.75	39.55	X401	X901
		50	25,000	5.85	2.40	9.45	3.15	30.45	7.50	42.75	10.05	116.65	25.30	X407	X907
		100	25,000	5.70	2.20	9.10	2.80	29.15	6.10	40.90	8.05	111.50	19.80	X409	X909
	17,500	0	50,000	NA	3.55	NA	5.00	NA	13.55	NA	18.50	NA	48.55	NA	X951
		50	50,000	NA	3.10	NA	4.15	NA	10.50	NA	14.20	NA	36.50	NA	X957
		100	50,000	NA	2.75	NA	3.55	NA	8.20	NA	10.95	NA	27.35	NA	X959
	20,000	0	100,000	NA	3.90	NA	5.50	NA	14.60	NA	19.95	NA	NA	NA	X969
		50	100,000	NA	3.65	NA	5.00	NA	12.95	NA	17.60	NA	NA	NA	X975
		100	100,000	NA	3.35	NA	4.40	NA	10.75	NA	14.45	NA	NA	NA	X977
	25,000	0	250,000	NA	4.55	NA	6.25	NA	16.10	NA	21.90	NA	NA	NA	X985
		50	250,000	NA	4.30	NA	5.80	NA	14.35	NA	19.40	NA	NA	NA	X986
		100	250,000	NA	3.95	NA	5.15	NA	12.15	NA	16.25	NA	NA	NA	X987

<b>MULTIPLE TEAM DISCOUNTS***</b>	4 thru 13 teams = 5% discount	14 thru 23 teams = 6% discount	24 thru 33 teams = 7% discount	34 thru 43 teams = 8% discount	44 thru 53 teams = 9% discount	54 or more teams = 10% discount
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\* THESE RATES ARE VALID FOR CASES EFFECTIVE ON OR AFTER JANUARY 1, 2005.

\*\* MULTIPLE TEAM DISCOUNTS – All teams must have the same policy term. Teams subsequently added to the policy will not increase the discount. However, teams subsequently deleted from the policy will decrease the discount.

THE MINIMUM PREMIUM is \$225 per policy for the primary plan and \$175 per policy for the excess plan.

DISCOUNTS AVAILABLE on request for policy terms of one (1) month or less.

SPECIAL RATES AVAILABLE on request for policy terms exceeding the standard six (6) months shown.

SPLIT SEASON RATES MAY BE AVAILABLE on request. THERE ARE NO PREMIUM REFUNDS AFTER A ONE (1) MONTH POLICY TERM.