

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 942-16-** _____

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 ____/____/____ which is the first renewal date.

3. **Covered Activities**

Business Activities - While on the plan sponsor's premises (building and/or land where the plan sponsor's business is located) during the hours and on the days the insured is required, **including voluntary overtime**, by the plan sponsor to be there; and while off such premises on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor.

Business Travel Activities Only - While off the plan sponsor's premises (building and/or land where the plan sponsor's business is located) on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor. (001)

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

Benefit Provisions	Maximum Benefit Amounts			
	Class 1	Class 2	Class 3	Class 4
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$500,000 overall maximum for any one accident.				
Death - - - - -	\$25,000	\$50,000	\$75,000	\$100,000
Specific Loss (Face Amount) - - - - -	25,000	50,000	75,000	100,000

5. **Premium Rates by Class(es) of Eligible Persons** – check Class(es) and Covered Activities desired.

Class	Eligible Persons	Quarterly Premium Rates per Eligible Person		
	All Administrative, Church, Clerical, Custodial, Food Service, Local Delivery, Sales, School and Supervisory employees of the plan sponsor who normally work 30 or more hours per week and six months or more per year (check only one box):	<input type="checkbox"/> Business Activities	<input type="checkbox"/> Business Travel Activities Only	
1		<input type="checkbox"/> Class 1 Benefits	\$2.25	\$1.75
2		<input type="checkbox"/> Class 2 Benefits	4.50	3.50
3		<input type="checkbox"/> Class 3 Benefits	6.75	5.25
4		<input type="checkbox"/> Class 4 Benefits	9.00	7.00
The minimum premium per policy term is \$175.				

6. **The Policy is to cover all eligible persons** (96).

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 quarterly in advance based on the total number of eligible persons anticipated to be on the payroll as of the effective date of the policy and as of each subsequent date premium is due** (BF78).

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

Signature of Applicant

Printed Name and Title of Applicant

Address of Applicant

Applicant's Phone Number

Applicant's E-mail Address

PREMIUM REPORT

Must be completed for Application to be accepted

The business of the Plan Sponsor consists of the following activities:

SIC Code: _____

Total Number of Eligible Persons Anticipated to be on
the Payroll as of the Effective Date of the Policy

Quarterly Premium Rate
per Eligible Person

Quarterly
Premium Due

_____ x \$ _____ = \$ _____

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be on the payroll as of the effective date of the policy; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

_____ by _____
Date Applicant's Signature and Title

_____ Fax Number
Day Telephone Number

_____ E-mail Address

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

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.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (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.

NOTE: These plans are available in DC, PR, VI and all 50 states, EXCEPT NY and PA.