



**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 502-95-**\_\_\_\_\_

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 (12-month policy term).

3. **Covered Activities**

Recreational activities (which includes arts and crafts and excludes tackle football, soccer, hockey and lacrosse for classes 1 and 2 below) sponsored and directly supervised by the plan sponsor. (730)

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 \$250,000 overall maximum for any one accident.				
Death - - - - -	\$5,000	\$7,500	\$5,000	\$7,500
Specific Loss (Face Amount) - -	10,000	15,000	10,000	15,000
MEDICAL EXPENSE				
Accident				
Deductible- - - - -	None	None	None	None
Overall Maximum - - - - -	10,000	25,000	10,000	25,000
<b>OFFICE USE ONLY</b>	1820P 3820E	2220P 4220E	1820P 3820E	2220P 4220E

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

Annual Premium Rates per Eligible Person			
Class	Eligible Persons	<input type="checkbox"/> Medical Expense Primary Plan	<input type="checkbox"/> Medical Expense Excess Plan
1	<b>All participants or all participants and staff of the plan sponsor's recreation program which includes arts and crafts but does not include tackle football, soccer, hockey or lacrosse for (check only one box):</b>		
	<input type="checkbox"/> Groups with <u>only</u> participants age 15 and under (PHI730-C65) - - - -	<b>\$ 2.40</b>	<b>\$ 1.70</b>
	<input type="checkbox"/> Groups with participants of all ages (PHI731-B81) - - - - -	<b>4.50</b>	<b>3.20</b>
	2	<input type="checkbox"/> Groups with <u>only</u> participants age 15 and under (PHI730-C65) - - - -	<b>3.00</b>
<input type="checkbox"/> Groups with participants of all ages (PHI731-B81) - - - - -		<b>5.75</b>	<b>4.40</b>
3	<b>All participants or all participants and staff of the plan sponsor's recreation program which includes arts and crafts and tackle football, soccer, hockey or lacrosse for (check only one box):</b>		
	<input type="checkbox"/> Groups with <u>only</u> participants age 15 and under (PHI732-C65) - - - -	<b>\$ 4.50</b>	<b>\$ 3.20</b>
	<input type="checkbox"/> Groups with participants of all ages (PHI733-B81) - - - - -	<b>7.00</b>	<b>5.00</b>
	4	<input type="checkbox"/> Groups with <u>only</u> participants age 15 and under (PHI732-C65) - - - -	<b>5.75</b>
<input type="checkbox"/> Groups with participants of all ages (PHI733-B81) - - - - -		<b>8.75</b>	<b>6.75</b>
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 annually in advance based on the total number of eligible persons anticipated to be insured during the policy term** (BF50).

(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

\_\_\_\_\_  
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 E-mail Address

\_\_\_\_\_  
Applicant's Phone Number