

Special Risk Enrollment Form Participant Accident Insurance General Liability Insurance

1. Name of Policyholder _____

2. Nature of Business _____

3. Address _____
Street
City
State
Zip

4. Effective Date of Coverage _____

5. Termination Date of Coverage _____

6. Period of Coverage _____

7. Covered Activity Basketball _____

8. Plan of Benefits: Maximum Medical Expense Benefit – Per Person: \$ _____
 Accidental Death & Dismemberment Benefit Principal Sum: \$ _____
 Deductible Amount: \$ _____ Per Injury

Liability Coverage: General Aggregate: \$2,000,000.00
 Liability Coverage: Each Occurrence: \$1,000,000.00

Optional Non-Owned Automobile Liability Yes No
 Limit _____
 Optional Abuse/Molestation Liability Yes No

9. Plan Types: (check one) Excess Coverage Primary Coverage

10. Premium Computation:

<u>Classification of Insured Persons</u>	<u>Number Eligible</u>	<u>Rate</u>	<u>Total Rate</u>
_____ Accident Coverage _____	_____ x	\$ _____ =	_____ (MP \$150)
_____ Liability Coverage _____	_____ x	\$ _____ =	_____ (MP \$341)
		Optional Coverage Premiums: _____	

Total Premium Due Company = \$ _____

I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question [4] above, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit. It is also understood that no agent is authorized to accept risks or pass on insurability.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Policyholder Signature:

_____/_____/_____
 Name Title of Group Official Phone

Agent Name, Address & Phone

ANL-SR02 App