

CAMP & CONFERENCE ACCIDENT INSURANCE COVERAGE & RATES

Accidental Death Benefit	Maximum Medical Benefit	Deductible Amount	*Minimum Premium	Benefit Period	Overnight Stay		Day Only	
					Rate per Person Weekly	Daily	Rate Per Person Weekly	Daily
\$2,500.00	\$10,000.00	\$100.00	\$100.00	1 Year	\$1.65	\$.33	\$.95	\$.19
2,500.00	10,000.00	250.00	\$100.00	1 Year	1.45	.29	.85	.17
2,500.00	10,000.00	500.00	\$100.00	1 Year	1.25	.25	.75	.15
5,000.00	25,000.00	100.00	\$150.00	1 Year	2.00	.40	1.15	.23
5,000.00	25,000.00	250.00	\$150.00	1 Year	1.75	.35	1.05	.21
5,000.00	25,000.00	500.00	\$150.00	1 Year	1.55	.31	.90	.18
5,000.00	50,000.00	100.00	\$300.00	2 Years	2.60	.52	1.90	.38
5,000.00	50,000.00	250.00	\$300.00	2 Years	2.40	.48	1.80	.36
5,000.00	50,000.00	500.00	\$300.00	2 Years	2.20	.44	1.70	.34

Dental injury maximum is \$150.00 per tooth, \$2,000.00 aggregate

Minimum Policy Premium is \$200.00

Premium is Fully Earned Upon Policy Inception



Allen Financial Insurance Group

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Who Is Covered

All participants in the covered activity. Policyholder staff may be included.

Covered Activity

(A) All activities sponsored and supervised by the Policyholder during the Camp or Conference specified in the application, including travel with a group in connection with such activities, and (B) travel directly and without delay to or from the Insured Person's home or residence and the site of such activities.

Medical Expense Benefit

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, the Company will pay the charges incurred for such expense within 1 year or up to 2 years if the \$50,000 Maximum Benefit is selected, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing
- Dental treatment of sound natural teeth

This Plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person.

Accidental Death and Dismemberment Benefit

If a covered injury results in any of the losses specified below within 1 year (not applicable in Pennsylvania) after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

"Member means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

Exclusions and Limitations

This Plan does not cover any loss to or resulting from:

- intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane);
- voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Insured Person's Physician.

- participation in a riot or insurrection;
- an act of declared or undeclared war;
- active duty service in any Armed Forces of any country, and, in such event, the prorata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;
- parachuting, except for self preservation;
- bungee jumping, flight in an ultralight aircraft, hang gliding;
- sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
- services or treatment rendered by a(n) Physician, Nurse or any other person who is:
 - employed or retained by the Policyholder; or
 - is the Insured Person or an Immediate Family Member;
- flight in an Aircraft, except as a fare-paying passenger;
- dental treatment, except as otherwise provided, and only when Injury occurs to sound natural teeth;
- any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
- treatment in any Veteran Administration or Federal Hospital, except if there is a legal obligation to pay;
- cosmetic surgery, except for reconstructive surgery due to a covered injury;
- charges which the Insured Person would not have to pay if He did not have insurance;
- eyeglasses, contact lenses, hearing aids;
- charges which are in excess of Usual, Customary and Reasonable charges.

Application for Blanket Accident Insurance

Accidental Death and Accident Medical Benefits

Part I Proposed Policyholder

a. Full Legal Name of Proposed Policyholder _____

b. Address _____

c. Proposed Policyholder is _____
please describe type of entity who will own policy

d. Requested Effective Date _____
Policy will become effective on the Requested Effective Date only if (a) all required information is provided and (b) QBEIC has received the initial premium on or before that date.

Policy terminates on _____

e. Who will be insured? All registered and enrolled participants in the Policyholder's Covered Activity
Policyholder staff will be will not be covered.

f. Describe the Covered Activity for which coverage is requested _____

Part II Plan of Insurance and Premium Calculation

a. Plan of Benefits

Accidental Death & Dismemberment Principle Sum \$ _____

Accident Medical Expense Benefits -

Maximum Lifetime Benefit \$ _____

Deductible Amount \$ _____

Overnight Stays or Days Only

b. Premium Calculation

Number of participants _____ + Number of staff _____ = Total Eligible _____

Total Eligible _____ x number of weeks _____ x weekly rate of \$ _____ = \$ _____

or Total Eligible _____ x number of days _____ x daily rate of \$ _____ = \$ _____

Part III Acknowledgements and Signatures

a. **Fraud Warning** Any person who, knowingly and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, may be guilty of insurance fraud.

b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of QBEIC will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of QBEIC, and (d) only those persons eligible under the terms of an issued policy will be insured.

Dated at _____ on the _____ day of _____, 20 _____

Signed for the Proposed Policyholder

Signed by Licensed Agent

Title

Agent License Number



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**QBE INS
CORPORATION**

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