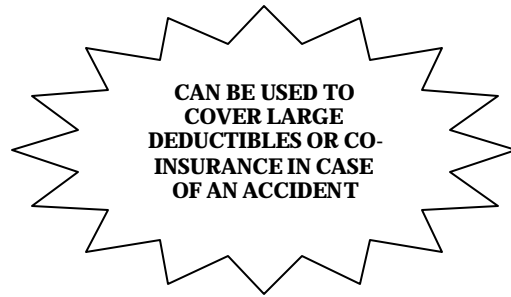




AMERICAN SENTINEL INSURANCE COMPANY  
HARRISBURG, PENNSYLVANIA

ACCIDENTAL DEATH, DISMEMBERMENT  
AND ACCIDENT MEDICAL EXPENSE



| ANNUAL RATES                                   |        |        |        |        |        |         | - ISSUE AGE 18 - 59               |
|--|--------|--------|--------|--------|--------|---------|-----------------------------------|
| ACCIDENTAL DEATH & DISMEMBERMENT – PARTS A & B |        |        |        |        |        |         | ACCIDENT MEDICAL EXPENSE-OPTIONAL |
| CLASS  | 10,000 | 20,000 | 30,000 | 40,000 | 50,000 | 100,000 | \$1,000 (\$25.00 Deductible)      |
| 1  | 15.40  | 30.80  | 46.20  | 61.60  | 77.00  | 154.00  | 38.00 Yearly                      |
| 2  | 21.60  | 43.20  | 64.80  | 86.40  | 108.00 | 216.00  | 53.30 Yearly                      |
| 3  | 27.70  | 55.40  | 83.10  | 110.80 | 138.50 | -       | 68.40 Yearly                      |
| 4  | 37.00  | 74.00  | 111.00 | 148.00 | 185.00 | -       | 91.30 Yearly                      |

| ANNUAL RATES                                   |        |        |        |        |        |         | - ISSUE AGE 60 - 64               |
|--|--------|--------|--------|--------|--------|---------|-----------------------------------|
| ACCIDENTAL DEATH & DISMEMBERMENT – PARTS A & B |        |        |        |        |        |         | ACCIDENT MEDICAL EXPENSE-OPTIONAL |
| CLASS  | 10,000 | 20,000 | 30,000 | 40,000 | 50,000 | 100,000 | \$1,000 (\$25.00 Deductible)      |
| 1  | 20.80  | 41.60  | 62.40  | 83.20  | 104.00 | 208.00  | 38.00 Yearly                      |
| 2  | 29.10  | 58.20  | 87.30  | 116.40 | 145.50 | 291.00  | 53.30 Yearly                      |
| 3  | 37.40  | 74.80  | 112.20 | 149.60 | 187.00 | -       | 68.40 Yearly                      |
| 4  | 49.90  | 99.80  | 149.70 | 199.60 | 249.50 | -       | 91.30 Yearly                      |

Above rates apply to both males and females.



**YEAR ‘ROUND PROTECTION**

This insurance protection is always in force...24 hours a day...on or off the job...365 days a year...in any country in the world.



**PROTECT YOURSELF FROM UNEXPECTED MEDICAL BILLS IN CASE OF AN ACCIDENT!**



AGENCY: \_\_\_\_\_

**AMERICAN SENTINEL INSURANCE COMPANY**  
**P.O. Box 61140, Harrisburg, PA 17106-1140**  
**(717) 540-0600**  
**(800) 692-7338**

Signature of Agent: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**APPLICATION**  
**ACCIDENTAL DEATH, DISMEMBERMENT & ACCIDENT MEDICAL EXPENSE**

**AMOUNT APPLIED FOR:**

\$ \_\_\_\_\_ Part A & B-Accidental Death & Dismemberment..... Premium \$ \_\_\_\_\_

Is Optional Injury Medical Expense Benefits

Rider being applied for? Yes \_\_\_\_\_ No \_\_\_\_\_ ..... Premium \$ \_\_\_\_\_

Applicant's Social Security No.: \_\_\_\_\_ TOTAL ANNUAL PREMIUM \$ \_\_\_\_\_  
Occupational Classification (circle) 1 2 3 4

|  |                       |        |                                   |                                |        |        |
|--|-----------------------|--------|-----------------------------------|--------------------------------|--------|--------|
| Proposed Insured<br>1. (Print)   | First                 | Middle | Last                              | Birth Date                     | Age    | Sex    |
| Resident Address<br>2.   | Street                |        |                                   | Home Phone<br>( )              | Height | Weight |
| City   | State                 |        | Zip                               | Marital Status                 |        |        |
| Occupation<br>3.   | (Position or Title)   |        | Duties Performed                  |                                |        |        |
| Employer<br>4.   | Type of Business      |        |                                   |                                |        |        |
| Business Address<br>5.   | Business Phone<br>( ) |        |                                   | How long with present employer |        |        |
| 6. Have you within the past 5 years had medical or surgical advice or treatment or been hospital confined?<br>Yes No |                       |        |                                   |                                |        |        |
| 7. Have you ever been treated for:   |                       |        |                                   |                                |        |        |
| Abnormal Blood Pressure  | Yes                   | No     | Stroke                            | Yes                            | No     |        |
| Ulcers   | Yes                   | No     | Kidney Disease                    | Yes                            | No     |        |
| Tuberculosis   | Yes                   | No     | Arthritis                         | Yes                            | No     |        |
| Diabetes   | Yes                   | No     | Rheumatism                        | Yes                            | No     |        |
| Cancer   | Yes                   | No     | Heart Disease                     | Yes                            | No     |        |
| Venereal Disease   | Yes                   | No     | Mental or Nervous Disorder        | Yes                            | No     |        |
| Hernia   | Yes                   | No     | Asthma or Emphysema               | Yes                            | No     |        |
| Back Problems  | Yes                   | No     | Immune Deficiency Syndrome (AIDS) | Yes                            | No     |        |

Details of "Yes" Answers for Questions 6 & 7

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

I have read the answers and statements made in this application and declare that they are true and complete to the best of my knowledge and belief. I understand that any policy issued and delivered to me will be in effect on the date approved by the Home Office.

Signature of Applicant \_\_\_\_\_ Application Date \_\_\_\_\_

"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 civil penalties."

Form ADD82-A (03)

**AUTHORIZATION**

TO WHOM IT MAY CONCERN: I request and authorize you to the extent that it is lawful to disclose, whenever requested to do so by AMERICAN SENTINEL INSURANCE COMPANY or its representative, any and all information and records available on or prior to the date below when I was under your observation. A Photostat of this authorization is to be considered acceptable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Signed \_\_\_\_\_

Proposed Insured



AMERICAN SENTINEL INSURANCE COMPANY  
HARRISBURG, PENNSYLVANIA

**Outline of Coverage – Accident Only Coverage**

**READ YOUR POLICY CAREFULLY.** This outline provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**ACCIDENT ONLY COVERAGE.** Policies of this category are designed to provide, to persons insured, payment for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for any loss due to sickness. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses.

**BENEFITS OF THIS POLICY.** This policy will pay \$ \_\_\_\_\_ Loss of Life Accident Indemnity and up to \$ \_\_\_\_\_ Specific Loss Accident Indemnity (Dismemberment) resulting from accidental bodily injury sustained while this policy is in force. The insured may purchase an Optional Coverage Rider for Injury Medical Expense Benefits which will pay up to \$1,000.00 (with a \$25.00 Deductible applying to each and every claim) for the expense actually incurred within one year after the date of the accident for injury requiring treatment of a physician, confinement in a hospital, or the employment of a nurse.

**EXCLUSIONS.** This policy **DOES NOT COVER** loss caused by (1) sickness or disease except pus-forming infection which occurs as a result of an accidental cut or wound; (2) declared war or any enemy action; (3) suicide or intentionally self-inflicted injuries; (4) hernia; (5) operating, learning to operate, or serving as a member of a crew of an aircraft.

**RENEWABILITY OF THIS POLICY.** This policy is renewable at the Company’s option. Subject to the Company’s consent, the policy may be renewed to the premium due date on or next following the Insured’s 70<sup>th</sup> birthday. The Company’s right of non-renewal shall be limited to the renewal date occurring on each anniversary of the policy. Non-renewal shall not be based on the deterioration of mental or physical health of any individual covered under this policy.

The Company reserves the right to modify its premium rates applicable to policies of the same class. In the event of a change in premium rates, such change shall be made only on a class basis and the original insuring age of the insured shall be used in determining the premium in accordance with the new rates. Any rate change shall be implemented on a policy anniversary date.

PREMIUM ANNUALLY \$ \_\_\_\_\_

Outline of Coverage-Policy Form ADD82

INSURED: \_\_\_\_\_



AMERICAN SENTINEL INSURANCE COMPANY  
HARRISBURG, PENNSYLVANIA

**OCCUPATIONAL CLASSIFICATION FOR POLICY FORM ADD82  
(ACCIDENTAL DEATH, DISMEMBERMENT AND ACCIDENT MEDICAL EXPENSE)**

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>A</b>                                       |   | <b>G</b>                                     |   | <b>N</b>                                       |   |
| Accountant.....                                | 1 | Garage, proprietor, superintendent of        |   | Newspaper – editor, reporter, publisher.....   | 1 |
| Architect.....                                 | 2 | service station, parking lot.....            | 2 | Photographer.....                              | 2 |
| Artist – commercial, cartoonist, designer,     |   | Mechanic and all others.....                 | 3 | Carrier.....                                   | 3 |
| or illustrator.....                            | 1 | Gardner – landscape, supt. duties.....       | 2 | Nurse.....                                     | 1 |
| Attorney.....                                  | 1 | Doing actual work.....                       | 3 |  |   |
| Auditor.....                                   | 1 | Geologist – field work, no mining.....       | 2 | <b>O</b>                                       |   |
| Automobile Salesman, dealer, or accessory      |   | Glazier.....                                 | 3 | Oculist, optometrist – examine eyes, fit       |   |
| merchant (no repairing).....                   | 2 | Golf course – caretaker.....                 | 3 | glasses.....                                   | 1 |
|  |   | Instructor, proprietor of driving range,     |   | Office personnel – executive, clerk, salesman, |   |
| <b>B</b>                                       |   | superintendent only.....                     | 2 | accountant (office and travel duties; no       |   |
| Baker.....                                     | 1 | Government employee – city, state or         |   | delivering).....                               | 1 |
| Barber.....                                    | 1 | federal, (office work).....                  | 1 |  |   |
| Bartender.....                                 | 3 | Grocer.....                                  | 2 | <b>P</b>                                       |   |
| Beautician.....                                | 1 |  |   | Painter.....                                   | 4 |
| Bricklayer.....                                | 4 | <b>H</b>                                     |   | Pawnbroker.....                                | 2 |
| Broker.....                                    | 1 | Hotel – manager, proprietor, waiter,         |   | Photographer – portraits only.....             | 1 |
| Butcher.....                                   | 3 | waitress, bellboy, operator,                 |   | Commercial.....                                | 2 |
|  |   | housekeeper.....                             | 2 | Motion picture.....                            | 3 |
| <b>C</b>                                       |   | <b>I</b>                                     |   | Plumber.....                                   | 4 |
| Carpenter.....                                 | 4 | Inspector – bank, building, credit, food,    |   | Police.....                                    | 3 |
| Chemist consulting office – travel.....        | 1 | drug, etc.....                               | 2 | Printer.....                                   | 1 |
| Lab worker no explosives.....                  | 2 | Heavy, work – iron, bridge structure,        |   | Produce broker.....                            | 1 |
| Cleaner, dyer.....                             | 3 | telephone, telegraph pole or wire work.....  | 4 |  |   |
| Clergy.....                                    | 1 | <b>J</b>                                     |   | <b>R</b>                                       |   |
| Collector of accounts.....                     | 2 | Janitor.....                                 | 3 | Radio, TV installation.....                    | 4 |
| Contractor – superintendent duties only.....   | 2 | Junk dealer.....                             | 4 | Restaurant – manager, proprietor, waiter or    |   |
| Cook.....                                      | 3 |  |   | waitress.....                                  | 2 |
|  |   | <b>L</b>                                     |   | Roofer.....                                    | 4 |
| <b>D</b>                                       |   | Laborer.....                                 | 4 | <b>S</b>                                       |   |
| Decorator – Interior (consulting only).....    | 1 | Laundry.....                                 | 3 | Salesman – office and travel duties; no        |   |
| Inside work only.....                          | 2 | Liquor – proprietor, manager package         |   | delivering.....                                | 1 |
| Dentist, dental lab worker.....                | 1 | store; no bar, no delivering.....            | 1 | Sculptor.....                                  | 3 |
| Detective – private, hotel, or store only..... | 3 | Bartender; proprietor of tavern.....         | 3 | Stationary engineer or fireman.....            | 3 |
| Doctor.....                                    | 1 | Lumberman.....                               | 4 |  |   |
| Domestic help – butler, maid, cook,            |   | <b>M</b>                                     |   | <b>T</b>                                       |   |
| caretaker, housekeeper, chauffeur, etc.....    | 2 | Machinist.....                               | 3 | Tailor.....                                    | 1 |
| Driver – bus, coach, taxi or truck.....        | 3 | Mason.....                                   | 4 | Teacher.....                                   | 1 |
| Druggist.....                                  | 1 | Masseur.....                                 | 3 | Physical training.....                         | 2 |
|  |   | Medical profession – physician, surgeon,     |   | Television, radio, motion pictures – manager,  |   |
| <b>E</b>                                       |   | chiropractor, osteopath, technician,         |   | announcer, producer.....                       | 1 |
| Electrician.....                               | 4 | nurse, dentist.....                          | 1 | Performer, musician, artist, cameraman.....    | 2 |
| Engineer – supervising duties only.....        | 2 | Merchant or clerk – buying or selling duties |   | Stagehand.....                                 | 4 |
|  |   | in store, not delivering or repairing.....   | 1 |  |   |
| <b>F</b>                                       |   | Musician, music teacher.....                 | 1 | <b>U</b>                                       |   |
| Farmer.....                                    | 4 |  |   | Undertaker – mortician, embalmer, funeral      |   |
| Fireman.....                                   | 4 |  |   | director.....                                  | 2 |
| Florist.....                                   | 3 |  |   | Upholsterer.....                               | 3 |
| Funeral Director.....                          | 2 |  |   |  |   |
| Furrier – Making or repairing.....             | 3 |  |   | <b>V</b>                                       |   |
|  |   |  |   | Veterinarian.....                              | 3 |

**GENERAL INSTRUCTIONS: PART A & B (LOSS OF LIFE ACCIDENT INDEMNITY & SPECIFIC LOSS ACCIDENT INDEMNITY) required on all policies.** Injury Medical Expense Benefits available as an optional coverage. The maximum amount payable is \$1,000.00 with a \$25.00 Deductible applying to each and every claim.

Where there is any question as to the proper classification, contact the Home Office.