

Insurance with other Insurers - Expense Incurred Benefits-

American Sentinel shall be liable for the Pro-Rata portion (one-half) of such loss when there is other valid coverage, not with American Sentinel, providing benefits for the same loss on a provision of service or expense incurred basis of which American Sentinel has not been given prior notice. If there is no other insurance, American Sentinel pays the entire amount up to the policy limits.

Important Note -

Accident Medical Expense Benefits, Accident Dental Expense Benefits and Sickness Medical Benefits are payable only to the extent such expenses are not covered by first party benefits under Automobile Insurance and by any Benefits paid by Workers' Compensation.

All Plans Subject to \$100 Minimum Premium.

EXCLUSIONS

Policy does not cover medical or surgical treatment or nursing service performed by any person employed by the policyholder; loss caused by war or act of war; cost of eyeglasses or prescriptions therefore; loss caused by hernia; nor dental treatment except that necessitated by injury to sound natural teeth and that not to exceed \$100 for any one accident; nor suicide or flying.

(As provided in the Policy issued by the American Sentinel Insurance Company, Harrisburg, Pennsylvania.)

**For Quotations on Private Camps, call the Home Office.*



**MAILING ADDRESS:
P.O. Box 61140
HARRISBURG, PA 17106-1140
LOCATED AT 2407 PARK DRIVE
IN HARRISBURG**

**TELEPHONE (717) 540-0600
800/692-7338
FAX: (717) 657-9499**



ACCIDENT AND SICKNESS INSURANCE PROTECTION FOR CAMPERs

*For Organizational Camps
(Sponsored by Boy Scouts, Girl
Scouts, YMCA's, YWCA's,
Churches, Service Groups*)*

**AMERICAN
SENTINEL INSURANCE
COMPANY**

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**DON'T LET
COSTLY MEDICAL BILLS
SPOIL YOUR
CAMPING SEASON...**

The American Sentinel Camp Plan automatically insures every camper on one Policy against accidents and illnesses contracted and commencing while in attendance at camp. Also, every camper is insured while traveling directly from home to camp and back again not exceeding two full days before and after the camp season. No additional charge is made for this travel time.

BENEFITS

**Accidental Death and
Dismemberment -**

Pays the Principal Sum stated in the Policy for accidental loss of life, or a specified amount for loss of sight or dismemberment.

**Blanket Accident Medical
Coverage -**

Pays up to the amount stated in the Policy (less a deductible, if selected) for the actual cost of medical and surgical treatment, hospital confinement, ambulance, x-rays or registered nurse services incurred by an Insured Member within 52 weeks after the date of the accident.

**Blanket Sickness Medical
Coverage -**

Pays up to the amount stated in the Policy (less a deductible, if selected) for the actual cost of medical and surgical treatment, hospital confinement and services of a registered nurse necessitated by sickness contracted and commencing while at camp.

APPLICATION

CAMP RATES

RATES PER CAMPER—

Per Week for Resident Campers \$ _____

Per Week for Day Campers \$ _____

Per Weekend for Weekend Campers \$ _____

Per Day \$ _____

BENEFITS

	<u>Resident</u>	<u>Day</u>	<u>Weekend</u>
Accidental Death/ Dismemberment	\$ _____	\$ _____	\$ _____
Blanket Accident Medical Coverage	\$ _____	\$ _____	\$ _____
Blanket Sickness Medical Coverage	\$ _____	\$ _____	\$ _____

Name of Camp: _____

Address: _____

Sponsored By: _____ (100% Participation Required on all Plans)

Do you want coverage provided for staff? Yes No

Is there a resident physician or nurse in attendance? Yes No

State name and address: _____

Is a first aid specialist in attendance at the camp? Yes No

State name and address: _____

Is a physical examination required before attending camp? Yes No

Opening date of camp: _____ Closing date: _____

Number of weekly sessions: _____ Yes, we are applying for Campers Insurance Coverage.

Signed: _____

Agent Signature: _____ (Camp Official)

Agent Name: _____ Agency: _____

(Please Print)

Date: _____

***ALL PLANS ARE SUBJECT TO A MINIMUM PREMIUM OF \$100.00**

INSTRUCTIONS FOR COMPUTING FINAL PREMIUM

On the first day of the last camp session, the camp director shall submit to the Company a final report showing the exact number of campers and staff members who attended camp each week during the policy term. This report must be accompanied by remittance covering the total premium due.