



**FOR \$30 PER YEAR A POLICY
FOR THE SUPER SPORTSMAN
PROVIDING \$12,000 LOSS OF
LIFE WITH ADDITIONAL
BENEFITS**

...Definition of "Injury" includes coverage for heart attack – See Outline of Coverage and Schedule of Benefits on reverse... year-round coverage for the hazards of field and stream and the handling of firearms.



**AMERICAN SENTINEL INSURANCE COMPANY INDIVIDUAL SUPER SPORTSMAN'S ACCIDENT POLICY
HARRISBURG, PENNSYLVANIA**

FOR \$30 PER YEAR.....AVAILABLE TO ALL.....NO AGE LIMIT DATE _____

I and each family member listed below hereby apply for the **SUPER SPORTSMAN'S POLICY FORM SP**

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
TELEPHONE # () _____ **E-MAIL** _____
NAME OF BENEFICIARY _____ **RELATIONSHIP** _____

Do you understand the Policy you are applying for is a limited Policy which pays benefits for loss due to Injury sustained from the acts of hunting, fishing, trap or skeet shooting, archery practice, the handling of firearms, and specified travel accidents?

 Yes No

IF ADDITIONAL FAMILY MEMBERS ARE TO BE COVERED, LIST BELOW

AGENT NAME:
ADDRESS:
TELEPHONE: ()

Signature of Applicant

Signature of Agent

Mail application, check or money order to:

**AMERICAN SENTINEL INSURANCE CO.
P.O. BOX 61140
HARRISBURG, PA 17106-1140**

Agent's Printed Name

ADDITIONAL FAMILY MEMBER APPLICANTS

Last Name	First Name	Middle Initial	Beneficiary	Relationship of Beneficiary
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

How did you hear about us? Agent Friend Internet

(1) OUTLINE OF COVERAGE...INDIVIDUAL SUPER SPORTSMAN'S POLICY...Specified Accident Coverage Intended Only to Supplement Other Basic Coverages. Definition of INJURY includes myocardial infarction, angina pectoris, coronary thrombosis, cerebral vascular accident manifested while participating in the performance or act of hunting or fishing or first medically treated within twenty-four hours after participating in hunting or fishing.

(2) READ YOUR POLICY CAREFULLY...This outline provides a 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.**

(3) SPECIFIED ACCIDENT COVERAGE...Policies of this category are designed to provide, to persons insured, restricted benefits ONLY when certain losses occur. This policy provides coverage for INJURY sustained:

- a) While hunting or fishing during the legal hunting or fishing season.
- b) While trap or skeet shooting, archery shooting, or handling firearms.
- c) While driving or riding in a public or private auto, bus or truck while going to or returning from a hunting or fishing trip, a trap or skeet shooting contest or practice session, or an archery contest or practice session.
- d) While riding as a fare-paying passenger in an aircraft operated by an established concern organized to operate an airplane service while going to or returning from a hunting or fishing trip, a trap or skeet shooting contest, or an archery contest.

(4) SCHEDULE OF BENEFITS...

PART A – Loss of Life Indemnity.....	\$12,000.00
PART B – Dismemberment & Loss of Sight Indemnity	
..Both hands or both feet.....	\$12,000.00
..The entire sight of both eyes.....	\$12,000.00
..One hand and one foot.....	\$12,000.00
..One hand and the sight of one eye.....	\$12,000.00
..One foot and the sight of one eye.....	\$12,000.00
..One arm or one leg.....	\$ 9,000.00
..One hand or one foot.....	\$ 6,000.00
..The entire sight of one eye.....	\$ 6,000.00
PART C – Weekly Indemnity - \$150 Per Week up to 15 Weeks	
PART D – Hospital Confinement Indemnity - \$60 Per Day up to 31 Days	
PART E – Hospital Services Expense Indemnity:	
..Operating or Emergency Room.....	\$60.00 Anesthetic Administration..... \$60.00
..X-Ray.....	\$60.00 Casts, Splints, Braces.....\$60.00
PART F – Duly Qualified Physician Indemnity - \$30 Per Treatment up to 21 treatments.	
PART G – Ambulance Fee Indemnity of \$180 (from the scene of injury to hospital or physician's office).	

(5) EXCLUSIONS

THIS POLICY DOES NOT COVER (1) suicide or intentionally self-inflicted injuries; (2) sickness or diseases other than myocardial infarction, angina pectoris, coronary thrombosis, cerebral vascular accident or pus-forming infection which shall occur through an accidental cut or wound.

(6) This policy is available to all. There is no age limit. The policy is renewable at the option of the company. The company's right of non-renewal is limited to the renewal date occurring on each anniversary of the policy, and non-renewal will not be based on the deterioration of mental or physical health of any individual covered under this policy, and shall be without prejudice to any continuous loss which commenced while the policy was in force.