



STARTING AT \$5.00 PER YEAR, American Sentinel's travel accident policy protects

In a world of uncertainty
now you can have
Protection To Go!

APPLICATION FOR TRAVEL ACCIDENT INSURANCE

STARTING AT \$5.00 PER YEAR....AVAILABLE TO ALL....NO AGE LIMIT

I, the Proposed Insured, and each family member listed below hereby apply for Travel Accident Policy Insurance "Protection to Go." Date _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone(____) _____ E-mail Address _____
Social Security No.: _____ Male Female
Date of Birth: _____
Name of Beneficiary _____
Relationship of Beneficiary _____

Do you understand that the policy you are applying for is a limited policy which pays benefits for loss due to certain specified travel accidents?
 Yes No

Signature of Applicant

PROTECTION FOR THE FAMILY ON THE GO!

- Check if 1 Unit is desired and enclose \$5 for each family applicant.
- Check if 2 Units are desired and enclose \$10 for each family applicant.
- Check if 4 Units are desired and enclose \$20 for each family applicant.
- Check if 6 Units are desired and enclose \$30 for each family applicant.
- Check if 8 Units are desired and enclose \$40 for each family applicant.
- Check if 10 Units are desired and enclose \$50 for each family applicant.

AGENT NAME:

Please make checks payable to:

ADDRESS:

TELEPHONE: ()

American Sentinel Insurance Co.
P.O. Box 61140
Harrisburg, PA 17106-1140

ADDITIONAL FAMILY MEMBER APPLICANTS:

1. Name _____
Social Security No. _____ Date of Birth _____ Male Female
Name of Beneficiary _____ Relationship of Beneficiary _____
2. Name _____
Social Security No. _____ Date of Birth _____ Male Female
Name of Beneficiary _____ Relationship of Beneficiary _____
3. Name _____
Social Security No. _____ Date of Birth _____ Male Female
Name of Beneficiary _____ Relationship of Beneficiary _____

BENEFITS ARE PAYABLE IN ADDITION TO ANY OTHER INSURANCE

How did you hear about us? Agent Friend Internet

OUTLINE OF COVERAGE

1. **READ YOUR POLICY CAREFULLY.** This outline of coverage is a brief description of some important features of your policy. This is not the insurance contract, and only the actual policy provisions control. The policy itself sets forth in detail the rights and obligations of both you and the insurance company. It is, therefore, important that you **read your policy carefully**.
2. **SPECIFIED ACCIDENT COVERAGE.** Policies of this category provide, to persons insured, restricted coverage paying benefits *only* when certain losses occur. This policy provides coverage for these specified travel accidents: (1) while driving or riding in a public or private automobile, bus or truck; (2) by the explosion or burning of an automobile, bus or truck; (3) by being struck, knocked down or run over by an automobile, bus, truck or motorcycle; (4) while riding as a passenger in a train, subway, streetcar, or steamship; or (5) while flying as a passenger on a scheduled flight on a common-carrier airline.

3. SCHEDULE OF BENEFITS. When a following loss occurs as a result of an above-specified travel accident, we will pay the appropriate amount listed below. In the event of hospital confinement, total disability, or the use of certain hospital or ambulance services, we will pay the indemnity amounts. For each unit of coverage purchased, multiply the benefit amounts as follows: For one unit, the amount shown applies; for two units, multiply the benefit amounts by two; for four units, multiply by four; for six units, multiply by six; for eight units, multiply by eight; and for ten units, multiply by ten.

Loss of:	Life.....	\$1,500.00
	Both hands or both feet.....	\$1,500.00
	Sight of both eyes.....	\$1,500.00
	One hand and one foot.....	\$1,500.00
	One hand or foot and sight of one eye.....	\$1,500.00
	One hand or One foot.....	\$ 750.00
	Sight of one eye.....	\$ 750.00

Weekly Indemnity for Total Disability
 \$30.00 per week for up to 15 consecutive weeks

Hospital Indemnity
 \$20.00 per day up to 31 consecutive days

Hospital Services Indemnity (For each service, one benefit per accident)

Operating Room.....	\$20.00
Anesthetic Administration.....	\$20.00
Blood Transfusion.....	\$20.00
X-Ray.....	\$20.00
Casts & Splints.....	\$20.00

Ambulance Fee Indemnity (One benefit per accident)..... \$30.00

- (4) **THIS POLICY DOES NOT COVER** (1) Suicide or intentionally self-inflicted injuries; (2) injuries sustained while riding or driving in any scheduled race or scheduled speed contest anywhere, or while testing any automobile or truck on any track or speedway; (3) hernia; (4) injuries sustained while driving or riding on a motorcycle, motor scooter, or motor bicycle; (5) sickness or disease except pus-forming infection which shall occur through an accidental cut or wound; (6) injuries sustained or expenses incurred while on active duty as a member of the armed forces of any nation (in which event the pro rata unearned premium will be refunded); or (7) war, declared or undeclared, or an act of war.
- (5) **THIS POLICY IS AVAILABLE TO ALL.** There is no age limit. The policy is renewable at our option. Our right of non-renewal is limited to the renewal date occurring on each anniversary of the policy. 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. We reserve the right to modify our premium rates.