



**FOR \$40.00 PER YEAR, A TRAVEL ACCIDENT POLICY PROVIDING \$12,000 LOSS OF LIFE WITH ADDITIONAL BENEFITS.**

American Sentinel's travel accident policy protects you against travel accidents...anywhere.

In a world of uncertainty now you can have

# Protection To Go!

**AMERICAN SENTINEL INSURANCE CO., HARRISBURG, PA**  
**APPLICATION FORM – PROTECTION TO GO!**  
**FOR \$40 PER YEAR...AVAILABLE TO ALL...NO AGE LIMIT**

I and each family member listed below hereby apply for Travel Accident Insurance "Protection To Go"

Date \_\_\_\_\_

Do you understand the Policy you are applying for is a limited Policy which pays benefits for loss due to certain specified travel accidents?

Yes  No

Name: \_\_\_\_\_ Sex:  M  F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Telephone(\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Name of Beneficiary \_\_\_\_\_  
Relationship of Beneficiary \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**IF ADDITIONAL FAMILY MEMBERS ARE TO BE COVERED, LIST BELOW:**

**Please make checks payable to**

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

**AGENT NAME:**  
**ADDRESS:**  
**TELEPHONE: ( )**

AGENT'S SIGNATURE \_\_\_\_\_

AGENT'S PRINTED NAME \_\_\_\_\_

**ADDITIONAL FAMILY MEMBER APPLICANTS – AT \$40 EACH**

|                    |                      |                                      |  |                     |
|--------------------|----------------------|--------------------------------------|--|---------------------|
| 1. Last Name _____ | First Name _____     | M.I. _____                           | <input type="checkbox"/> M <input type="checkbox"/> F<br>Sex | _____<br>Birth Date |
| _____<br>S.S. #    | _____<br>Beneficiary | _____<br>Relationship of Beneficiary |  |                     |
| 2. Last Name _____ | First Name _____     | M.I. _____                           | <input type="checkbox"/> M <input type="checkbox"/> F<br>Sex | _____<br>Birth Date |
| _____<br>S.S. #    | _____<br>Beneficiary | _____<br>Relationship of Beneficiary |  |                     |
| 3. Last Name _____ | First Name _____     | M.I. _____                           | <input type="checkbox"/> M <input type="checkbox"/> F<br>Sex | _____<br>Birth Date |
| _____<br>S.S. #    | _____<br>Beneficiary | _____<br>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 provides a very brief description of the important features of your policy. This is not the insurance contract. 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**.
- (2) **SPECIFIED TRAVEL ACCIDENT COVERAGE** – Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur. This particular policy provides coverage for these specified travel accidents:
- (a) while driving or riding in a public or private automobile, bus or truck; or
  - (b) by the explosion or burning of an automobile, bus or truck; or
  - (c) by being struck, knocked down or run over by an automobile, bus, truck or motorcycle; or
  - (d) while riding as a passenger in any railroad passenger car, electric interurban, elevated, subway or street railway passenger car; or
  - (e) by the damaging or disablement of any passenger ship; or
  - (f) while riding as a passenger in an airplane or airship operated by a common carrier for passenger service provided such craft is then being flown by a licensed transport pilot within a definite schedule of departures and arrivals between government approved airports.

**(3) SCHEDULE OF BENEFITS:**

**LOSS OF:**

|  |                    |
|--|--------------------|
| <b>Life</b>                                      | <b>\$12,000.00</b> |
| <b>Both hands or both feet</b>                   | <b>\$12,000.00</b> |
| <b>The entire sight of both eyes</b>             | <b>\$12,000.00</b> |
| <b>One hand and one foot</b>                     | <b>\$12,000.00</b> |
| <b>One hand or foot and the sight of one eye</b> | <b>\$12,000.00</b> |
| <b>One foot and the sight of one eye</b>         | <b>\$12,000.00</b> |
| <b>One arm or one leg</b>                        | <b>\$ 9,000.00</b> |
| <b>One hand or one foot</b>                      | <b>\$ 6,000.00</b> |
| <b>The entire sight of one eye</b>               | <b>\$ 6,000.00</b> |

**\$240.00 Total Disability Weekly Indemnity payable up to 15 weeks.**

**\$160.00 Daily Hospital Confinement Indemnity payable for 31 days.**

**\$160.00 Maximum Hospital Services Expense Indemnity for each of the following:**

- |   |                                |
|---|--------------------------------|
| <b>(a) Use of Operating or Emergency Room</b> | <b>(d) X-ray</b>               |
| <b>(b) Anesthetic Administration</b>          | <b>(e) Casts &amp; Splints</b> |
| <b>(c) Blood Transfusion</b>                  |                                |

**\$240.00 Ambulance Fee Indemnity**

- (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; (3) injuries sustained while driving or riding on a motorcycle, motor scooter, or motor bicycle; (4) sickness or disease except pus-forming infection which shall occur through an accidental cut or wound; (5) war, declared or undeclared, or an act of war.
- (5) **THERE IS NO AGE LIMITATION.** This 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. The company reserves the right to modify its premium rates.