

**AMERICAN SENTINEL INSURANCE COMPANY  
HARRISBURG, PENNSYLVANIA  
ACCIDENT ONLY COVERAGE  
REQUIRED 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 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!

(2) 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 basic hospital, basic medical-surgical, or major-medical expenses.

(3) Accidental Death and Dismemberment benefits are available in amounts from \$5,000 to \$25,000 as follows:

LOSS OF:

Life.....The Principal Sum

Both Hands or Both Feet or Sight of Both Eyes.....The Principal Sum

One Hand and One Foot.....The Principal Sum

One Hand or One Foot and Sight of One Eye.....The Principal Sum

One Arm or One Leg.....One-half of the Principal Sum

One Hand or One Foot or Sight of One Eye.....One-fourth of the Principal Sum

The Policy provides Accident Medical Expense benefits for physician, hospital, nurse, x-ray, and ambulance up to \$500 for each \$5,000 of the Principal Sum.

(4) THIS POLICY DOES NOT COVER any loss, fatal or non-fatal, resulting from: (1) suicide, or any attempt thereat, while sane or insane; (2) injury sustained while in or on any vehicle or device for aerial navigation, except as a passenger in an aircraft operated by an established concern or organized to operate an airplane service and licensed for the carriage of passengers by the recognized governmental authority of the country whose registry it bears, including transport type aircraft operated by the Military Air Transport Service (MATS) of the United States, or by the similar air transport service of Canada or Great Britain; (3) declared or undeclared war or any act thereof; (4) injury sustained while participating in professional athletics; (5) disease, or medical or surgical treatment therefore; or (6) hernia of any type however caused.

(5) This is a single term non-renewable policy issued to cover a specified period.

**APPLICATION FOR SINGLE TERM  
ACCIDENT INSURANCE**

I hereby apply for Accident Insurance Policy Form T-479. The benefits desired and specified terms of coverage are indicated below:

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please Type or Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

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

Check square for amount desired:

- \$5,000 plus \$500
- \$10,000 plus \$1,000
- \$15,000 plus \$1,500
- \$25,000 plus \$2,500

For \_\_\_\_\_ Days.

A.M.

P.M.

Effective at: \_\_\_\_\_  
Hour Date

I enclose \$ \_\_\_\_\_

SIGNED \_\_\_\_\_  
Applicant

AGENCY:

Agent's Signature \_\_\_\_\_

Agent's Printed Name \_\_\_\_\_

**AMERICAN SENTINEL INSURANCE COMPANY**

Mailing Address: P.O. Box 61140 • Harrisburg,  
Pennsylvania 17106-1140

Located at: 2407 Park Drive in Harrisburg

RATE SHEET

**AMERICAN SENTINEL INSURANCE COMPANY**

Mailing Address: P.O. Box 61140 • Harrisburg, Pennsylvania 17106-1140

Located at 2407 Park Drive in Harrisburg

(717) 540-0600 / Toll Free (800) 692-7338 • Fax (717) 657-9499

**Rates for Accidental Death,  
Dismemberment & Medical Expense**

No. of Days	\$5,000 Specific Loss Indemnity & \$500 Physician Hospital & Nurse Expense	\$10,000 Specific Loss Indemnity & \$1,000 Physician Hospital & Nurse Expense	\$15,000 Specific Loss Indemnity & \$1,500 Physician Hospital & Nurse Expense	\$25,000 Specific Loss Indemnity & \$2,500 Physician Hospital & Nurse Expense	No. of Days
3	1.10	1.95	2.75	4.40	3
5	1.60	2.80	4.00	6.40	5
7	2.00	3.50	5.00	8.00	7
10	2.60	4.55	6.50	10.40	10
15	3.50	6.15	8.75	14.00	15
21	4.20	7.35	10.50	16.80	21
30	5.10	8.95	12.75	20.40	30
45	6.60	11.55	16.50	26.40	45
60	8.10	14.20	20.25	32.40	60
90	10.80	18.90	27.00	43.20	90
120	13.50	23.65	33.75	54.00	120
150	16.20	28.35	40.50	64.80	150
180	18.90	33.10	47.25	75.60	180



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Located at 2407 Park Drive in Harrisburg

**TRIP ACCIDENT  
INSURANCE**

**Whenever You  
Travel** → **SHORT Vacations**  
→ **LONG Vacations**  
→ **BUSINESS Trips...**



**You and your family need  
SINGLE TERM**

**ACCIDENT INSURANCE**

Available in amounts from \$5000. to \$25,000. for periods from 3 to 180 days.



**INSURANCE PROTECTION 24 HOURS A  
DAY IN ANY COUNTRY OF THE WORLD**