

**POLICY APPLICATION (please print or type)**

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY -- Columbus, Ohio 43216**, will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER :** \_\_\_\_\_

**1. Name of Plan Sponsor:** \_\_\_\_\_  
(Group's Name)

**Permanent Mailing Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip) (County)

**2. Policy Term:** The policy term starts as **12:01 a.m.** on \_\_\_\_\_ which is the effective date and ends at **12:01 a.m.** on \_\_\_\_\_ which is the termination date.

**3. Covered Activities**

**For Class 1 Eligible Persons: (COVERAGE FOR BOTH INTERSCHOLASTIC ATHLETICS AND NORMAL STUDENT ACTIVITIES)** Covered Activity means (1) an interscholastic competition that is authorized, sanctioned or scheduled by the Plan Sponsor including school supervised practice, game related activity and related travel and (2) (a) intramural and club sports; (b) physical education classes; (c) classroom and laboratory activities for credit; (d) faculty sponsored clubs, plays and concerts; (e) faculty sponsored and supervised field trips; and (f) related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

**For Class 2 Eligible Persons (NO COVERAGE FOR INTERSCHOLASTIC ATHLETICS):** Covered Activity means (a) intramural and club sports; (b) physical education classes; (c) classroom and laboratory activities for credit; (d) faculty sponsored clubs, plays and concerts; (e) faculty sponsored and supervised field trips; and (f) related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

**4. Maximum Benefit Amounts --** the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 1 and 2
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$500,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE <sup>1</sup>	
Accident	
Deductible	\$25,000 <sup>2</sup>
Overall Maximum	\$1,000,000
Deductible Accumulation Period	Two Years

<sup>1</sup> Medically necessary professional ambulance service is a Covered Expense.

<sup>2</sup> Any payment made under another carrier's plan will be applied toward satisfying the deductible under this Policy.

**5. Premium Rates by Class of Eligible Persons**

Class	Eligible Persons	Premium Rates Per Eligible Person Excess Plan
1	Student athletes, student managers, student athletic trainers, student cheerleaders and student participants	
	\$1,000,000 Medical Expense Maximum	\$2.25
2	Student Participants	
	\$1,000,000 Medical Expense Maximum	\$1.00

**The minimum premium per policy term is \$350.00.**

Premium Calculation:

\_\_\_\_\_ Class 1 Eligible Persons X \$ \_\_\_\_\_ 2.25 Rate for coverage selected = \$ \_\_\_\_\_ Premium  
 \_\_\_\_\_ Class 2 Eligible Persons X \$ \_\_\_\_\_ 1.00 Rate for coverage selected = \$ \_\_\_\_\_ Premium  
 Total Premium = \$ \_\_\_\_\_

**6. The policy is to cover all eligible persons.**

7. **It is understood and agreed that** the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.

\_\_\_\_\_  
(Previous Policy Number)

By \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name and Title of Applicant)

\_\_\_\_\_  
(Agent's Signature and Number)

\_\_\_\_\_  
(Address of Applicant)

GR-9050

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**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**Mail this form to:**

UnitedHealthcare **StudentResources**  
Attn: K-12 Sales  
805 Executive Center Dr West, Suite 220  
St. Petersburg, FL 33702

or

UnitedHealthcare **StudentResources**  
Attn: K-12 Sales  
PO Box 42299  
St. Petersburg, FL 33742-9936