



Care Providers Insurance Services
A Division of NSM Insurance Group
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**PARTICIPATING ORGANIZATION APPLICATION FOR
BLANKET ACCIDENT INSURANCE POLICY
(DAY CARE – OPTION II)**

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

1. Name of Policyholder: Chase Manhattan Bank USA, N.A. as Trustee of the AIG Group Insurance Trust (Delaware)
Address: 500 Stanton Christiana Road, Floor 3/Ops 4, Newark, DE 19713
Policy Number: **SRG 9106417**

2. Identification of Participating Organization:

Name of Participating Organization:
Address of Participating Organization:

3. Classification of Eligible Persons:

Class	Description of Class
1	All registered participants, teachers and Supervisors of a Participating Organization, whose names are on file with the Participating Organization and for whom the appropriate premiums have been paid.

Number of Participants: _____

4. Participating Organization Coverage:

A. **Covered Activities:** While participating in sponsored and supervised activities of a Participating Organization, including while traveling directly to and from such activities.

B. **Benefit Schedule:**

Accidental Death - \$10,000 Maximum Benefit
Accidental Dismemberment - \$20,000 Maximum Benefit
Catastrophe Cash Benefit - \$50,000 Maximum Benefit
Accident Medical Expense - \$35,000; EXCESS Coverage
Dental Maximum: \$250 per tooth per accident
Deductible Options: \$0.00 Deductible
\$25.00 Deductible
\$50.00 Deductible

\$100.00 Deductible

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Aggregate Limit: \$250,000

C. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
C11699DBG	Accident Medical Expense Benefit
C11700DBG	Catastrophic Cash Benefit
C11704DBG	Excess Benefits with Integrated Deductible
C11710DBG	Participating Organization Endorsement
S30399DBG	Injury Definition and Exclusions Amendatory Endorsement

5. Premiums:

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

The premium for the policy term is the greater of (1) \$350.00 (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate as shown below (the Calculated Premium). The Minimum Premium is due and payable in advance of the Participating Organization Effective Date.

Deductible Options:

- \$0.00 Deductible - \$3.75 per person
- \$25.00 Deductible - \$2.65 per person
- \$50.00 Deductible - \$2.40 per person
- \$100.00 Deductible - \$2.00 per person

6. Participating Organization Effective Date:

7. Participating Organization Termination Date:

Signed for the Participating Organization

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)