



**AIG Domestic Accident & Health Division**

A Division of American International Companies®

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

**PARTICIPATING ORGANIZATION APPLICATION FOR  
BLANKET ACCIDENT INSURANCE POLICY**

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 9106416**

**2. Identification of Participating Organization:**

Name of Participating Organization:  
Address of Participating Organization:

**3. Classification of Eligible Persons:**

Class	Description of Class
1	All active Volunteers 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** - \$20,000; Maximum Benefit

**Accidental Dismemberment** - \$20,000; Maximum Benefit

**Accident Medical Expense** - \$50,000; **EXCESS** Coverage

Dental Maximum: \$250 per tooth per accident

Deductible: \$0.00 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.

<b>FORM NO.</b>	<b>DESCRIPTION</b>
C11699DBG	Accident Medical Expense 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.

\$5.00 per person per day

**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)