

# Accident Medical Application

Child Care Centers, Nursery Schools, Head Start Programs, Montessori Schools, Private Schools grades K-8

Proposed Policy Holder Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Business Type:  Individual;  Corporation;  Partnership;  Other \_\_\_\_\_  
 Profit  Nonprofit  
 Child Care Center (no camp)  Child Care Center (with camp)  Nursery School  
 Head Start  Private School  Other: \_\_\_\_\_

Proposed Effective Date: \_\_\_/\_\_\_/\_\_\_ Proposed Expiration Date \_\_\_/\_\_\_/\_\_\_

**NUMBER OF INSURED PERSONS**

Number of Students \_\_\_\_\_ X **6.00** = \_\_\_\_\_  
**Student count under 58 pay \$350**

**INSURANCE IS THROUGH HARTFORD INSURANCE**

Total Students _____	Total Premium _____
	(\$350 Minimum Premium)
Accidental death & dismemberment \$ 10,000	<b>PRIMARY COVERAGE</b>
Accident medical Expense \$ 20,000	<b>0.00 DEDUCTIBLE</b>

Coverage shall not be bound until the Company approves the applicant's completed application and full premium payment is received. The company receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

FAIR CREDIT REPORT ACT NOTICE-An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Producer Name **BLOCK INSURANCE**  
Street Address **P.O. BOX 623188** City **OVIEDO** State **FL.** Zip **32762**  
Phone Number **(407) 365-4775** Fax Number **(407) 365-1862**