JBL Trinity Group, Ltd.
17 State St., 16th Floor, New York, NY 10004
Phone: 1-800-925-7465 FAX: 1-212-269-6611

JBL Trinity West, Ltd.
P.O. Box 7284, Edmond, OK 73083
Phone: 1-888-302-6330 FAX: 1-405-216-8228

PARTICIPANT ACCIDENT INSURANCE

ENROLLMENT REQUEST FORM

Name of Policyholder:_____

Mailing Address: _____ City: _____ ST: _____ ZIP: _____

Requested Start Date of Coverage: _____

Policy to cover: ☐ Players Only ☐ Players, Trainers and Managers

Accidental Death, Dismemberment and Paralysis Maximum *(offered on all plans)*	**Benefit Plan Section**	**Accident Medical Expense Maximum**	**Deductible Amount**
$15,000 Accidental Death Benefit **$50,000** Accidental Dismemberment (15,000 in CT, MN, NH, NJ, PA, SC,TN) **$50,000** Total Paralysis (Not Available in CT, MN, NH, NJ, PA, SC,TN) **$ 500** Dental	☐ Full Excess *(not available in NH, OR, PA, TX)* ☐ Primary Excess *(must select primary $ amount)* ☐ $100 ☐ $300 ☐ $500 ☐ Primary	☐ $ 5,000 ☐ $ 10,000 ☐ $ 25,000 ☐ $ 50,000 ☐ $100,000 ☐ $250,000	☐ $ 0 ☐ $ 25 ☐ $ 50 ☐ $100 ☐ $250 ☐ $500

Policy Premium Computation:

(1) **Sport**	(2) **Age Range Of Players**	(3) **Number Of Players**		(4) **Standard Plan Rate**		(5) **Total Premium For Standard Plan**
			X		=	
			X		=	
			X		=	
			X		=	
				(6) **Total Base Premium**	=	

Your agent can assist you in completing this form.

	Premium Modification Factors (multiply premium modification factors, if applicable, against the Total Base Premium)										
(6) **Total Base Premium**		(7) **Medical Maximum Factor**		(8) **Primary Excess Factor**		(9) **Deductible Factor**		(10) **League Discount Factor**		(11) **Grand Total Premium**
	X		X		X		X		=	

I understand that this is only an enrollment request form and is not an agreement to bind coverage. If quote is agreed upon by both the Agent/Broker and the Insurance Company and payment of the required premium remitted, coverage will begin on the date premium is remitted or on the date indicated above, whichever is later.

Signature of Official Representative _____ ***Date Signed:*** _____

Any person who knowingly and with intent to defraud any Insurance Company or other person files an enrollment form for insurance or 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 subjects such person to criminal and civil penalties.