



JBL Trinity Group, Ltd.

17 State St., 16th Floor, New York, NY 10004

Phone: 1-800-925-7465 FAX: 1-212-269-6611

SOCCKER INSURANCE PROGRAM

PARTICIPANT ACCIDENT INSURANCE ENROLLMENT FORM

Name of Policyholder: _____ Number of Teams: _____

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 <i>(offered on all plans)</i>	Benefit Plan Section	Accident Medical Expense Maximum	Deductible Amount
\$25,000 Accidental Death Benefit	<input type="checkbox"/> Full Excess <i>(not available in all states)</i>	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 0
\$25,000 Accidental Dismemberment	<input type="checkbox"/> Primary Excess <i>(must select primary \$ amount)</i>	<input checked="" type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 25
\$25,000 Total Paralysis	<input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500	<input type="checkbox"/> \$ 50,000	<input checked="" type="checkbox"/> \$100
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250
		<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$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 Premium for Standard Plan				=

Your agent can assist you in completing this form.....

Premium Modification Factors <i>(multiply premium modification factors, if applicable, against the Total Premium For Standard Plan)</i>						
(6) Total Premium For Standard Plan	(7) Benefit Plan Factor	(8) Medical Maximum Factor	(9) Deductible Factor	(10) League Discount Factor	(11) Grand Total Premium	
	X	X	X	X		=

Coverage will become effective on the date indicated provided the premium and enrollment form is received and accepted by Company or its designated agent prior to such date. All policies will remain in effect as long as the renewal premium is paid in accordance with the agreed terms.

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.