|  |  |  |
| --- | --- | --- |
| C:\Users\j4badd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\79EMP1GA\2016AP.tif | **ACE American Insurance Company****(A Stock Company)****Philadelphia, PA 19106** | Participating CampsApplication |

1. Application is hereby made for a plan of Group Accident Insurance based on the following statements and representations:
2. **Identification of Policyholder:**

Name of Policyholder: North American Division of the Seventh Day Adventists on behalf of Participating Camps

 Address of Policyholder: 9705 Patuxent Woods Drive

Columbia, MD 21046-1565

 Policy Number: PTP N01303508

1. **Identification of Participating Camp:**

Name of Participating Camp:

Address of Participating Camp:

1. **Identification of the Conference/Sponsoring Organization:**

 Name of Conference/Sponsoring Organization:

Address of Conference/Sponsoring Organization:

1. **Classification of Eligible Persons:**

Class 1 All enrolled day camp participants, Counselors and Directors of the Participating Camps.

Class 2 All enrolled resident camp participants, Counselors and Directors of the Participating Camps.

1. **Participating Camp Coverage:**

**Covered Activities:** Sponsored Activities Coverage

**PLANS (Choose One Plan):**

**Day Camps:** **[ ]  PLAN 1**

**Resident Camps: [ ]  PLAN 2 [ ]  PLAN 3**

1. **Premiums:**

$275.00 minimum and deposit per camp for the Policy Term, subject to the following rates:

Plan 1: $3.06 per person per week

Plan 2: $5.73 per person per week

Plan 3: $7.11 per person per week

Such Premiums are due and payable in the following manner: The Applicant agrees to pay the required Premium for these coverages. **Please return application and payment to Personal Risk Services at *Adventist Risk Management, Inc. 12501 Old Columbia Pike, Silver Spring, MD 20904.***

 Number of campers:       x Total weeks in camp:       x Weekly plan rate = Estimated Premium:

Number of staff/ volunteers:       x Total weeks in camp:       x Weekly plan rate = Estimated Premium:

1. **Participating Camp Effective Date:**       **Participating Camp Termination Date:**

**WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Camp Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Licensed Resident Agent

(Where Required by Law)