

Enrollment Form To
The American Home Assurance Company
Schedule
For 24 Hour Accident Protector

For Company Use Only:

Effective Date:

First Renewal Premium Due Date:

Principal Sum Requested:

Amounts from \$100,000 to \$500,000 (in increments of \$25,000) are available.

If your net worth is at least \$750,000 or if your annual salary is \$75,000 or more, you may apply for \$750,000.

If your net worth is at least \$1 million or if your annual salary is \$100,000 or more, you may apply for \$1 million.

Total Premium:

(Information appearing below is to be completed by Applicant or proposed Insured.)

(Print Name in Full)

1. Residence Address: _____

City: _____ State: _____ Zip: _____

Place of Birth: _____

Age

Date of Birth
Mo. Day Year

Height

Weight

Sex

2. Full Name of Beneficiary: _____

Relationship: _____ Address: _____

3. What is your present occupation? _____

(Position or Title)

What are your duties? _____

(State Fully)

Employer: _____

Employer's Address: _____

4. Have you ever made enrollment for accident, sickness or life insurance which has been declined, postponed or withdrawn; or has any policy or certificate of such insurance issued to you been modified, cancelled or renewal refused?

(State kind of insurance, companies, dates and reasons)

5. Have you ever had abnormal blood pressure, diabetes, any disorder or disease of the heart, back or spine, or a mental or nervous condition; or have you, within the last five years, been disabled by either accident or illness, had medical or surgical advice or treatment?

YES NO (If so, give nature, date, period of disability, name of doctor and result)

Are you now in good health and free from physical impairment or deformity? (If not give full particulars)

6. How many flying hours do you average a year in company owned airplane(s)? _____
private plane(s)? _____

7. Are you planning any hazardous trips or undertakings? (If so, give full details)

8. I hereby enroll to the American Home Assurance Company for insurance to be issued solely and entirely in reliance upon the written answers to the foregoing questions which I adopt as my own and represent to be true, full and complete to the best of my knowledge and information.

Signature of Applicant or proposed Insured _____

Signature of Agent or Broker _____

Broker Company and Address _____

Date _____ 20 _____

**TO BE COMPLETED IF THIRD PARTY
OWNERSHIP IS DESIRED**

The representations and answers to the above questions pertaining to the proposed Insured are made by the proposed Insured at the request and on behalf of the proposed Owner. The proposed Owner adopts as a part of this enrollment all the statements and answers of the proposed Insured. It is agreed by the proposed Owner that if this enrollment is accepted by the Company that the policy enrolled for together with this enrollment form shall constitute the entire contract between the parties thereto concerning the insurance therein provided.

Signature of proposed Owner _____

Relationship to proposed Insured _____

Signature of Applicant or proposed Insured _____

Date _____ 20 _____