

***This brochure explains the general purpose of the insurance described, but in no way changes or affects any such policy as actually issued on the Policy Form.***

**ACCIDENTAL DEATH AND DISMEMBERMENT**

When injury shall result in any one of the following losses to an Insured Member, the Company will pay the appropriate portion of the Principal Sum stated in the Policy Schedule for ACCIDENTAL DEATH AND DISMEMBERMENT according to the schedule following. If more than one of such losses is sustained by an Insured Member as a result of a single accident, the amount payable with respect to said Insured Member under this Part for that accident shall be the largest portion of the Principal Sum shown for any such losses sustained.

Loss of Life	.....The Principal Sum
Loss of Both Hands or Both Feet	.....The Principal Sum
Loss of One Hand and One Foot	.....The Principal Sum
Loss of Entire Sight of Both Eyes	.....The Principal Sum
Loss of One Hand or One Foot	.....One Half the Principal Sum
Loss of the Entire Sight of One Eye	.....One Half the Principal Sum

ALoss@ as above used with reference to hand or foot means total and permanent loss of function. With reference to the eyes means loss of sight to the extent of legal blindness.

**WEEKLY ACCIDENT INDEMNITY**

When an Insured Member becomes totally disabled as a result of injury and such disability commences within 30 days after the date of the accident, the Company will pay the Weekly Accident Indemnity stated in the Policy Schedule for each week during the continuance of such total disability not to exceed Twenty-six (26) weeks.

ATotally Disabled@ means the inability of the Insured Member to perform all the substantial and material duties of his regular occupation.

**ACCIDENT-MEDICAL EXPENSE**

When injury shall require treatment by a duly licensed physician or surgeon, confinement within a hospital, employment of a Registered Graduate Professional Nurse, or use of an ambulance, the Company will pay the expense actually incurred by an Insured Member within fifty-two (52) weeks after the date of the accident for such treatment, hospital confinement, nurse service or use of an ambulance, not to exceed in the aggregate the Maximum amount stated in the Policy Schedule for ACCIDENT MEDICAL EXPENSE as a result of any one accident to an Insured Member.

The maximum amount payable for dental treatment for any one accident shall not exceed \$500.00 and shall be payable only if made necessary because of injury to natural teeth.

With respect to Medical Expense, payment will be made only to the extent such Medical Expenses are not covered by any first party benefits under Automobile Insurance and by any Workers Compensation Benefits.

**EXCLUSIONS**

This Policy does not cover any loss, fatal or not-fatal, caused by or resulting from: 1) suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane; 2) accident occurring in consequence or riding in any vehicle or device for aerial navigation; 3) declared or undeclared war or any act thereof; 4) hernia of any kind; 5) the

expense of replacing eyeglasses or prescriptions therefore; 6) sickness or disease except pus-forming infection which occurs as a result of an accidental cut or wound.

**DEFINITIONS**

Policyholder - means the organization or agency named as a Policyholder in the Policy Schedule.

Insured Member - means a person whose name is on the register with the Policyholder and for whom a premium has been paid.

Injury – means accidental bodily injury sustained during and resulting from participation in a Covered Activity while this policy is in force with respect to the Insured Member so injured, and resulting directly and independently of all other causes in loss covered by this policy.

Covered Activity - means attendance at or participation in any regularly approved Unit activity under the supervision of the duly designated Unit Leader.

Hospital - means an institution operated pursuant to law which is licensed or approved as a hospital by the responsible state agency, is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis; and provides 24 hour nursing service by or under supervision of graduate professional nurses (R.N.s). IT DOES NOT MEAN: a military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; convalescent, rest, or nursing facilities; or facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

**RATES**

**SIGHTSEEING & TOURING TRIPS**

<i>Accidental Death &amp; Dismemberment</i>	<i>Accident Medical Expense</i>	<i>Daily Rates Per Person</i>
\$ 1,000.00	\$ 1,000.00	\$0.75
\$ 2,500.00	\$ 2,500.00	\$1.90
\$ 5,000.00	\$ 5,000.00	\$3.50
\$10,000.00	\$10,000.00	\$6.50

Definition of Day – “each 24 hours or part thereof”

**DAY CARE**

<i>Accidental Death &amp; Dismemberment</i>	<i>Accident Medical Expense</i>	<i>Annual Rates Per Person</i>
\$ 1,000.00	\$ 1,000.00	\$3.00
\$ 2,500.00	\$ 2,500.00	\$4.50
\$ 5,000.00	\$ 5,000.00	\$6.00
\$10,000.00	\$10,000.00	\$9.00

**SPORTS CAMPS/CLINICS**

<i>Accidental Death &amp; Dismemberment</i>	<i>Accident Medical Expense</i>	<i>Weekly Rates Per Person</i>
\$ 1,000.00	\$ 1,000.00	\$ 6.00
\$ 2,500.00	\$ 2,500.00	\$10.00
\$ 5,000.00	\$ 5,000.00	\$16.00
\$10,000.00	\$10,000.00	\$25.00

**CLUBS & DANCING SCHOOLS**

<i>Accidental Death &amp; Dismemberment</i>	<i>Accident Medical Expense</i>	<i>Annual Rates Per Person</i>
\$ 1,000.00	\$ 1,000.00	\$2.00
\$ 2,500.00	\$ 2,500.00	\$3.50
\$ 5,000.00	\$ 5,000.00	\$5.00
\$10,000.00	\$10,000.00	\$8.50

ADD \$ 1,000 – AME \$ 1,000 – Minimum Premium \$ 50.00  
 ADD \$ 2,500 – AME \$ 2,500 – Minimum Premium \$100.00  
 ADD \$ 5,000 – AME \$ 5,000 – Minimum Premium \$150.00  
 ADD \$10,000 – AME \$10,000 – Minimum Premium \$250.00

**Minimum Premiums apply to all of the above groups.**

**VOLUNTEER WORKERS**

<i>Accidental Death &amp; Dismemberment</i>	<i>Accident Medical Expense</i>	<i>Annual Rates For Group (up to 50)</i>
\$ 1,000.00	\$ 1,000.00	\$ 187.00
\$ 2,500.00	\$ 2,500.00	\$ 345.00
\$ 5,000.00	\$ 5,000.00	\$ 636.00
\$10,000.00	\$10,000.00	\$1,081.00

<i>Accident Weekly Indemnity</i>	<i>Annual Additional Premium to Each Option</i>
\$100.00	\$153.00
\$200.00	\$306.00
\$300.00	\$459.00

Maximum Period payable 26 weeks

**GROUP ACCIDENT POLICY...**  
for special events and all types  
of organizational activities.

We will design the policy to fit  
your specific group.

**APPLICATION**

Effective Date \_\_\_\_\_

Termination Date \_\_\_\_\_

Name of Group \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

c/o \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Description of Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Select Option Below

Option 1    Option 2    Option 3    Option 4  
           

TOTAL PREMIUM \$ \_\_\_\_\_

Signature \_\_\_\_\_

Agent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**MERICAN SENTINEL  
INSURANCE COMPANY**

**SCHEDULE OF BENEFITS**

**COVERAGE**

**AMOUNT OF INSURANCE**

Option 1	Option 2	Option 3	Option 4
Accidental Death & Dismemberment.....			
\$1,000	\$2,500	\$5,000	\$10,000

Weekly Accident Indemnity .....  
(payable for 26 weeks)

\$ _____	\$ _____	\$ _____	\$ _____
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Accident-Medical Expense.....

\$1,000	\$2,500	\$5,000	\$10,000
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Number of Persons \_\_\_\_\_

Rate Per Insured Member

Option 1	Option 2	Option 3	Option 4
\$ _____	\$ _____	\$ _____	\$ _____

Minimum Premium

Option 1	Option 2	Option 3	Option 4
\$ _____	\$ _____	\$ _____	\$ _____

Total Premium

\$ _____	\$ _____	\$ _____	\$ _____
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**MERICAN SENTINEL  
INSURANCE COMPANY**

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Suite 200 in Harrisburg  
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Fax (717) 657-9499



**MERICAN SENTINEL  
INSURANCE COMPANY**

**GROUP  
ACCIDENT  
INSURANCE  
PROGRAM**

**PRIMARY COVERAGE...  
NO COORDINATION OF BENEFITS...**

- \*Accident Medical Expense
- \*Accidental Death & Dismemberment
- \*Weekly Accident Indemnity

- Volunteer Workers
- Athletic Clinics/Camps
- Special Events • Parades
- Hay Rides • Canoe Trips
- Day Care Centers
- Mall Walkers • Church Groups
- Historical Societies
- Theater Groups • Clubs
- Group Trips • Meals on Wheels
- Associations • Dance Schools
- Rod & Gun Clubs • Rafting
- Private Schools
- And Many More...