



AMERICAN INCOME LIFE  
insurance company

Contact the Special Risk Division:

800-849-4820

<http://www.ailspecialrisk.com>



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insurance company

SPECIAL RISK  
DIVISION

**WHO?:** The American Income Life Special Risk Division (AIL SRD) has a full time staff of five who are personally dedicated to serving customer needs from the initial application for coverage to the end of the claims process. This gives us a great advantage of having the authority of a large company but the feeling of a local business. We are the largest blanket insurer of 4-H and Extension groups and programs nationwide and because of this specialization; we understand your unique needs and are constantly striving to meet them.

**WHAT?:** Our Annual policies can cover all members of organized Clubs/Groups for as little as \$1/person/year for regular members and \$2/person/year for horse members. Coverage for Volunteers is optional, but recommended.

**WHY?:**

1. Because with AIL SRD, you work directly with the people making decisions, not someone in a huge corporate office.
2. This also means that we are able to provide lower costs, quick decisions, and cut out red tape and middlemen and eliminate the long and frustrating process of dealing with Insurance.
3. Our Annual Policies provide primary benefits and have no deductible for covered individuals.
4. Running a successful and safe 4-H Program requires a lot of time and energy throughout the year; and unexpected complications can happen in almost any situation. Choosing this coverage can help reduce stress for staff, volunteers, and the families of your participants if or when an injury occurs.



Put Safety First and Trust American Income Life!

# Annual Accident Insurance for 4-H Club Members



*Don't leave your 4-H families with unpaid medical bills!*

**AS LOW AS \$1 PER PERSON**

**FOR A FULL YEAR OF COVERAGE.**

American Income Life Special Risk Division

<http://www.ailspecialrisk.com/>

Phone: [800-849-4820](tel:800-849-4820)

P.O. Box 50158

Indianapolis, IN 46250

**As Low as \$1.00 Per Person Per Year!**

Provides Maximum Benefits of:

- \$2,500.00 – Medical and hospital expenses resulting from injuries
- \$5,000.00 – Loss of life
- \$500.00 – Dental expense due to injury of sound, natural teeth
- \$10,000.00 – Loss of any two: arms, legs, feet, hands, or sight of both eyes.\*\*
- \$ 5,000.00 – Loss of any one arm, leg, foot, or hand.\*\*
- \$ 3,000.00 – Loss of sight of one eye.\*\*

*\*\*When injury does not result in loss of life but does result in any of these losses within 100 days of the accident, one of these maximum benefits will be paid in addition to any other covered expenses.*

**ALL MEMBERS MUST BE INSURED**

Covers each registered member (leaders optional) while participating in or attending regularly approved and adult supervised group activities. FULL coverage while traveling directly to and from the member’s home and the meeting place for the purpose of participating in scheduled group activity.

**SPECIAL FEATURES**

- Optional coverage for adult leaders.
- Automatic coverage of new members.
- Prompt claim service.
- Covered expenses incurred within 52 weeks from the date of accident.
- Full coverage – no deductible.
- Rough Stock Rodeo coverage available – Call for quote!

**NOT COVERED**

- Eyeglass replacement
- Denture replacement or repair
- Suicide
- Illness
- Hernia in any form
- Losses covered under Medicare or Workman’s Compensation
- Injuries sustained during downhill winter sports
- Air Travel
- Children under the age of 5

*Keep this portion for your records and send in application.*

**APPLICATION FOR**

**4-H Club Annual Accident Coverage**

Name of 4-H Club \_\_\_\_\_

Name of Leader \_\_\_\_\_

List Projects \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

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

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

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Has this group had one of our annual policies within

the last year? Yes  No

# of Regular Members \_\_\_\_\_ X \$1.00 = \$ \_\_\_\_\_

# of Regular Leaders \_\_\_\_\_ X \$1.00 = \$ \_\_\_\_\_

# of Horse\* Members \_\_\_\_\_ X \$1.00 = \$ \_\_\_\_\_

# of Horse\* Leaders \_\_\_\_\_ X \$1.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED: \$ \_\_\_\_\_  
*(\$10.00 minimum)*

As authorized leader of the above group I request that a Master Policy be issued on the effective date requested, or on the date this application is received, whichever is later. We are enclosing a check or money order payable to the American Income Life Insurance Company, PO Box 50158, Indianapolis, IN 46250, calculated at the rate of \$1.00. \*(\$2.00 – horse, motorcycle/ATV & team sports) for each person to be covered.

SIGNED \_\_\_\_\_

Are Leaders to be insured? Yes  No

If “Yes,” list names (attach additional pages if needed):

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



<b>FOR HOME OFFICE USE ONLY</b>	
Policy # _____	
Issue Date _____	
Date Rec’d _____	