



PO BOX 50158 • INDIANAPOLIS, IN • 46250

Phone: 800-849-4820

www.AILspecialrisk.com

Fax: 317-849-2793

Application for Extension Group Annual Accident Coverage

Name of Group _____

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 \$2.00 = \$ _____

of Horse* Leaders _____ X \$2.00 = \$ _____

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):



FOR HOME OFFICE USE ONLY

Policy # _____

Issue Date _____

Date Received _____

Form 103-86 Revised 6/2019