

# 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 \_\_\_\_\_ Email \_\_\_\_\_

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 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 10/2024

