

COMPLETE AND RETURN TO THE 4-H OFFICE NO LATER THAN DECEMBER 1ST WITH FEES.

The club registration fee is now included on this form.

THE INSURANCE COVERAGE IS MANDATORY FOR ALL 4-H CLUBS.

4-H ACCIDENT INSURANCE APPLICATION FORM

CLUB NAME: _____ DATE: _____

ORGANIZATION LEADER: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP _____

NUMBER OF HORSE CLUBS MEMBERS: _____

NUMBER OF HORSE CLUB LEADERS: _____

NUMBER OF NON-HORSE CLUB MEMBERS: _____

NUMBER OF NON-HORSE CLUB LEADERS: _____

TOTAL # OF MEMBERS AND LEADERS: _____

NOTE:

1. Coverage does not apply until completed application and fee is received by the 4-H office.
2. Coverage does not apply for summer camp.
3. For a summary of coverage and exclusions, read form AH3/84.

As authorized leader of the above 4-H club, I request coverage for our group as per the terms and conditions of the Master Policy for the Accident Insurance Plan.

4-H Organization Leader

COMPLETE FOR APPLICATION AND CLUB FEE

Number of Horse Club Members and Leaders _____ X \$1.50 each = \$ _____

All other Club Members and Leaders _____ X \$1.00 each = \$ _____

Club registration fee of \$10.00 = \$ 10.00

TOTAL FEE: = \$ _____

NOTE: THIS COMPLETED FORM MUST BE SENT IN WITH FEES BY DECEMBER 1ST.

Central Risk Managers Ltd. Is an affiliate of P.W. Wood & Son, Inc. Ithaca, N.Y. All inquiries regarding coverage or claims should be directed to 607-266-3303.