

Optional Accidental Death & Dismemberment Application

Name of Applicant: _____

Is this coverage required? Yes No (check one and sign and return)
 (If YES – please complete the rest of the form)

<u>Classification of Insured Persons</u>	<u># of Insured Persons</u>	<u>Category Description of Insured Persons</u>	<u>Principal Sum</u>	<u>Cost</u>	<u>Premium</u>
Class 1		Councilors and Office Staff <i>Occupational Coverage</i>	\$200,000	\$50 per person	\$
Class 2		Volunteers (covers all municipality volunteers - price per municipality)	(a) \$50,000 or (b) \$100,000	\$100 <input type="checkbox"/> or \$150 <input type="checkbox"/>	\$
Class 3		Councilors and Office staff <i>24 hour Coverage</i>	\$200,000	\$200 per person	\$
Class 4		Non-office blue collar employees	\$100,000	\$150 per person	\$
Class 5		Volunteer firefighters, volunteer emergency medical technicians and first responders	(a) \$100,000 or (b) \$200,000	\$25 per person or \$50 per person	\$
Class 6		Summer students Month Working	\$100,000	\$12.50 per person per # of months coverage is required	\$
Class 7		Town police officers	\$100,000	\$150 per person	\$
				Total Premium:	\$

Declaration and Signature

All Statements, representatives and answers made in this quotation application are consideration for and a basis of the insurance herein requested and whether written or printed, are declared to be true, full and complete.

Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

Signature: _____ **Date:** _____

Address: _____

Agent/Broker: _____