

# Camp Insurance Application for Academic Insurance Solutions

Name of camp:

Address:

State/Province:

Zip/Postal Code:

From/date of camp:

To date of camp:

**Contact Information:**

Name:

Title:

Phone:

E-mail address:

Check Box - Non-Sport Day or Night

Check Box - Sport Day or Night

Primary with/without sickness provides coverage without regard to any other insurance or coverage the plan holder may have. Excess with/without sickness provides coverage in the event that claims exceed the limits set on primary insurance policies.

(Select A Plan)

Plan A - Primary without sickness  Check Box

**Accidental Death Benefit**  
Maximum Amount - \$15,000

**Accidental Dismemberment Benefit**  
Maximum Amount \$15,000

**Accident Medical Expense Benefit - Primary**  
Maximum Amount - \$25,000  
Deductible - \$0  
Dental Max. Amt - \$1,000 per accident (\$250 per tooth)

**Rate**  
Per person per day/night rate (non-sport) - \$0.11  
Per person per day/night rate (sport) - \$0.22  
Per person per day at year-round school - \$0.011

Plan B - Excess without sickness  Check Box

**Accidental Death Benefit**  
Maximum Amount - \$15,000

**Accidental Dismemberment Benefit**  
Maximum Amount - \$15,000

**Accident Medical Expense Benefit - Excess**  
Maximum Amount - \$25,000  
Deductible - \$0  
Dental Max. Amt. - \$1,000 per accident (\$250 p/tooth)

**Rate**  
Per person per day/night rate (non-sport) - \$0.09  
per person per day/night rate (sport) - \$0.14  
Per person per day at year-round school - \$0.010

Plan C - Primary with sickness  Check Box

**Accident Death Benefit**  
Maximum Amount - \$15,000

**Accidental Dismemberment Benefit**  
Maximum Amount - \$15,000

**Accident Medical Expense Benefit - Primary**  
Maximum Amount - \$25,000  
Deductible - \$0  
Dental Max. Amt. - \$1,000 per accident (\$250 per tooth)

**Sickness**  
Maximum Amount - \$2,500  
Dental Max. Amt. - \$1,000 per accident (\$250 per tooth)

**Rate**  
Per person per day/night (non-sport) - \$0.28  
Per person per day/night (sport) - \$0.49  
Per person per day at year-round school-\$0.018

Plan D - Excess with sickness  Check Box

**Accident Death Benefit**  
Maximum Amount - \$15,000

**Accidental Dismemberment Benefit**  
Maximum Amount - \$15,000

**Accident Medical Expense Benefit - Excess**  
Maximum Amount - \$25,000  
Deductible - \$0  
Dental Max. Amt. - \$1,000 per accident (\$250 per tooth)

**Sickness**  
Maximum Amount - \$2,500  
Dental Max. Amt - \$1,000 per accident (\$250 per tooth)

**Rate**  
Per person per day/night (non-sport) - \$0.17  
Per person per day/night (sport) - \$0.29  
Per person per day at year-round school-\$0.015