AMERICAN INCOME LIFE
insurance company

SPECIAL RISK
DIVISION

Coverage Request for Special Activities Insurance

Contact Name: _____

Club/Group Name: _____

Billing Address: _____

_____

Phone Number: _____

Email: _____

What is the Event? _____

Where is the Event held? _____

Estimated number of participants _____

Dates of Event _____

Option of Coverage selected: **A** **B** **C**

Signature of responsible volunteer _____
Signature agrees to pay the coverage fee. Date_____

Forum Due into the UW Extension Waukesha County office two weeks prior to the Special Activity Date

****

Office use only
Date received: _____ **Date submitted to AIL:** _____
Email sent to club date: _____ **Payment due to AIL** _____

UW Extension
University of Wisconsin-Extension

AMERICAN INCOME LIFE
insurance company

SPECIAL RISK
DIVISION

SPECIAL ACTIVITIES: COVERAGE FOR ACCIDENT OR ILLNESS

Table of Benefits	Option A 20¢ Per day per person	Option B 25¢ Per day per person	Option C 30¢ Per day per person
For expense incurred within 52 weeks of the date of Accident for Medical and Surgical Treatment, X-Ray Examinations, Hospital Confinement and Ambulance Expense, up to a maximum of...	$2,500	$3,000	$5,000
Dental Services incurred within 52 weeks of the Accident, Involving Sound Natural Teeth, up to a maximum of...	$400	$500	$1,000
Medical and Hospital Expense for Illness having its inception on the day or days this policy is in force, up to a maximum of...	None	$1,000	$1,500
For Medical Expenses from these specified diseases: Poliomyelitis, Diphtheria, Scarlet Fever, Smallpox, Tetanus, Cerebrospinal Meningitis, Typhoid Fever, Leukemia, or Primary Encephalitis, up to a maximum of...	None	$3,500	$5,000
For losses within 100 days of the accident which result in the loss of life...	$2,500	$3,000	$5,000
For losses within 100 days of the accident which cause loss of both hands, both feet, or the total sight of both eyes or one hand and one foot...	$7,500	$7,500	$10,000
For losses within 100 days of the accident which cause the loss of one hand or one foot or sight of one eye...	$2,500	$2,500	$5,000