



**Contact the Special Risk Division**  
 phone: (800) 849-4820  
 fax: 317-849-2793  
 web: americanincomelife.com



**AMERICAN INCOME LIFE**  
 insurance company

**SPECIAL RISK**  
 DIVISION

**WHO?** The American Income Life Special Risk Division (AIL SRD) has a full time staff of five who are personally dedicated to serving customer needs from the initial application for coverage to the end of the claims process. This gives us a great advantage of having the authority of a large company but the feeling of a local business. We are the largest blanket insurer of 4-H and Extension groups and programs nationwide, and because of this specialization, we understand your unique needs and are constantly striving to meet them.

**WHAT?** Our Annual policies can cover all members of organized Clubs and Groups for as little as \$1/person per year for regular members and \$2/person per year for horse members. Coverage for Volunteers is optional, but recommended.

**WHY?**

1. With AIL SRD, you work directly with the people making decisions, not someone in a huge corporate office.
2. We are able to provide lower costs, make quick decisions, cut out red tape and middlemen, and eliminate the delays and frustrations of dealing with typical insurers.
3. Our Annual Policies provide primary benefits and have *no* deductible for covered individuals.
4. Running a successful and safe 4-H Program requires a lot of time and energy throughout the year; and unexpected complications can happen in almost any situation. Choosing this coverage can help reduce stress for staff, volunteers, and the families of your participants if or when an injury occurs.



Put Safety First and Trust American Income Life!

# Annual Accident Insurance for 4-H Club Members



*Don't leave your 4-H families with unpaid medical bills!*

**AS LOW AS \$1 PER PERSON FOR A FULL YEAR OF COVERAGE**

**American Income Life  
 Special Risk Division**

(800) 849-4820

PO Box 50158  
 Indianapolis, IN 46250

[www.americanincomelife.com](http://www.americanincomelife.com)

**As Low as \$1.00 Per Person Per Year!**

Provides Maximum Benefits of:

- \$2,500.00 – Medical and hospital expenses resulting from injuries
- \$5,000.00 – Loss of life
- \$500.00 – Dental expense due to injury of sound, natural teeth
- \$10,000.00 – Loss of any two: arms, legs, feet, hands, or sight of both eyes\*\*
- \$ 5,000.00 – Loss of any one arm, leg, foot, or hand\*\*
- \$ 3,000.00 – Loss of sight of one eye\*\*

*\*\*When injury does not result in loss of life but does result in any of these losses within 100 days of the accident, one of these maximum benefits will be paid in addition to any other covered expenses.*

**ALL MEMBERS MUST BE INSURED**

Insurance plan covers each registered member (leaders optional) while participating in or attending regularly-approved and adult-supervised group activities. It also includes FULL coverage while traveling directly to and from the member’s home and the meeting place for the purpose of participating in scheduled group activity.

**SPECIAL FEATURES**

- Optional coverage for adult leaders
- Automatic coverage of new members
- Prompt claim service
- Covered expenses incurred within 52 weeks from the date of accident
- Full coverage – no deductible
- Rough Stock Rodeo coverage available – Call for quote

**NOT COVERED**

- Eyeglass replacement
- Denture replacement or repair
- Suicide
- Illness
- Hernia in any form
- Losses covered under Medicare or Workman’s Compensation
- Injuries sustained during downhill winter sports
- Air Travel
- Children under the age of 5

*Keep this portion for your records and send in application.*

**APPLICATION FOR**

**4-H Club Annual Accident Coverage**

Name of 4-H Club

Name of Leader

List Projects

Mailing Address

City  County

State  Zip Code  Phone

E-Mail

Desired Effective Date

Has this group held 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: \$**   
*(\$10.00 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. I am 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 & 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 Rec’d \_\_\_\_\_