



Policy Number: _____

SSEI Insurance Agency USA
ACCIDENT MEDICAL MASTER INSURANCE APPLICATION

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder
(full legal name): _____
Street Address: _____ 307 Curtis Corner Road _____
City: _____ **State:** _____ **Zip Code:** _____
Policyholder's E-mail Address: _____ **Telephone Number:** _____
Grades Included: _____ **Estimated # of Students:** _____

VOLUNTARY STUDENT ACCIDENT COVERAGE	
Plan:	Accident Medical Benefit:
<input type="checkbox"/> Includes Sports Other than Senior High School Football	<input type="checkbox"/> Full Excess
<input type="checkbox"/> Senior High School Football	<input type="checkbox"/> Primary
<input type="checkbox"/> Excludes Sports	Benefit Period: _____ (years)
Effective Date:	Total Max for All Accident Medical Benefits: \$
Termination Date:	<input type="checkbox"/> School Time Rate: \$
	<input type="checkbox"/> 24-Hour Rate: \$
	<input type="checkbox"/> Sr. High Football Rate per player: \$

COMPULSORY STUDENT ACCIDENT COVERAGE	
Plan:	Accident Medical Benefit:
<input type="checkbox"/> Includes Sports other than Senior High School Football	<input type="checkbox"/> Full Excess
<input type="checkbox"/> Includes High School Sports and Football	Benefit Period: _____ (years)
Effective Date:	Total Max for All Accident Medical Benefits: \$
Termination Date:	Flat Rate: \$

OPTIONAL COVERAGES
<input type="checkbox"/> Felonious Assault and Violent Crime Benefit

MANDATORY INTERSCHOLASTIC SPORTS COVERAGE	
Plan:	Accident Medical Benefit Plan:
<input type="checkbox"/> Senior High School Football	<input type="checkbox"/> Full Excess
<input type="checkbox"/> Junior High School Football	<input type="checkbox"/> Expanded Sports Medical Coverage
<input type="checkbox"/> Band and Cheerleader	Benefit Period: _____ (years)
<input type="checkbox"/> Senior High School Sports	Total Max for All Accident Medical Benefits: \$
<input type="checkbox"/> Junior High School Sports	
Effective Date:	
Termination Date:	Flat Rate: \$

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	
<input checked="" type="checkbox"/> Included <input type="checkbox"/> Not Included	Principal Sum: \$ 20,000.00



AXIS INSURANCE COMPANY
(AN ILLINOIS COMPANY)

Notes:

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maria Parrillo

Maria Parrillo

Authorized Signature of the Applicant
September 4, 2020

Printed Name of Applicant's Authorized Representative

Date:

Licensed Broker/Agent Signature	Printed/Typed Name of Agent/Broker
Address: _____	
City: _____	State: _____
Zip code: _____	
Telephone Number: _____	Federal I.D. Number: _____
License Number: _____	Date: _____

Thomas Lefebvre

Thomas Lefebvre / Lefebvre Insurance, LLC

Regional Sales Manager/Agent Signature

Printed/Typed Name of Regional Sales Manager/Agent

Address: 850 Franklin Street	
City: Wrentham	State: MA
Zip code: 02093-2406	
Telephone Number: (800) 451-9668	Federal I.D. Number: 26-3134408
License Number: RI-1045498	Date: September 4, 2020

Return Application to:
Lefebvre Insurance, LLC
850 Franklin Street
Wrentham, MA 02093-2406
(800) 451-9668



IMPORTANT NOTICE

- ❖ ***In General, and specifically for residents of Arkansas, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee, Virginia and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland :*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma:*** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.