

Insured By:



AMERICAN NATIONAL
AMERICAN NATIONAL LIFE INSURANCE
COMPANY OF TEXAS
Galveston, Texas

Enrollment Form for Baseball/Softball/T-Ball/Accident Medical Insurance

1. Name of Policyholder _____

2. Address _____
Number Street City State Zip

3. Requested effective date of coverage: _____, 20_____.

4. Policy to Cover: All players, coaches, managers, and volunteer workers of the team(s) shown in Question 6

5. Plan of benefits selected:

**AD&D Benefit
(Principle Sum)**

**Maximum Medical
Expense Benefit**

**Deductible
Amount**

\$ _____

\$ _____

\$ _____

6. Policy Premium:

Name of Team(s)	Name of Sport	Age Group	Number of Teams	Premium per Team	Team Premium
_____	_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	_____	x \$ _____	= \$ _____

Totals \$ _____

League Discount \$-_____

Total Premium (subject to Minimum Policy Premium of \$150.00): \$ _____

Premium is fully earned on the effective date of coverage. No pro-rata refunds will be made.

7. I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question 3, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.

Policyholder, by _____

Title or Position _____ Date Signed _____

Agent/Broker Name and Address:

Cossio Insurance Agency P.O. Box 1304, Fountain Inn, SC 29644 864-862-2838 fax 801-640-9298