214 Key Drive, Suite 2000
Madison, MS 39110
Phone: 866-386-4136
Fax: 601-898-4793
Email: cs@continentalbrokers.biz

Accident Medical Application

Child Care Centers, Nursery Schools, Head Start Programs and Montessori Schools.

Proposed Policyholder Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number (_____) _____

Business Type ❑ Individual ❑ Corporation ❑ Partnership ❑ Other_____

❑ Profit ❑ Nonprofit

❑ Child Care Center no camp ❑ Child Care Center with camp ❑ Montessori ❑ Nursery School ❑ Head Start

❑ Other _____

Proposed Effective Date _____ **Proposed Expiration Date** _____

Plan Chosen ❑ Plan 1 (C1)

❑ Plan 4 (C4)

Term of Coverage ❑ Annual Term ❑ 9-Month Term

Number of Insured Persons

Students under Age 7	_____	x	_____ rate	=	$_____
Students Age 7 and over	_____	x	_____ rate	=	$_____
Total Number of Insureds	_____				$_____ Total Premium ($350 Minimum Earned Premium)

Premium & Loss History Past 3 Years:

Policy Year	_____	_____	_____
Total Premium	$_____	$_____	$_____
Total Incurred Claims	$_____	$_____	$_____
Number of Claims	_____	_____	_____
Name(s) of Insurance Carrier(s)	_____	_____	_____

❑ **Check here if no prior coverage.**

Coverage shall not be bound until the Company approves the applicant's completed application and full premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

FAIR CREDIT REPORT ACT NOTICE—An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

( )

Applicant's Signature Date Phone Number

Producer's Name _____

Street Address_____

City _____State _____ Zip_____

Phone Number (_____) _____ Fax Number (_____) _____