

**ACCIDENT & HEALTH INSURANCE APPLICATION USA FOOTBALL**

**PLEASE COMPLETE APPLICATION IN FULL IN ORDER TO RECEIVE A QUOTE**

**ACCOUNT INFORMATION**

|  |  |
| --- | --- |
| **ORGANIZATION****NAME:** |  |
| **ADDRESS:** |  | **CITY:** | **ST:** | **ZIP:** |
| **CONTACT PERSON:** |  |
| **CONTACT PERSON PHONE:** |  |
| **CONTACT PERSON EMAIL:** |  |
| **FEIN TAX ID NUMBER** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HEADS UP FOOTBALL MEMBERS ONLY** |  | **NON HEADS UP FOOTBALL MEMBERS** | **CATASTROPHIC MEDICAL INSURANCE** |
|  |
| Participants Tackle, Cheer, & Flag  | Participants Tackle, Cheer, & Flag  | Participants Tackle, Cheer, & Flag  |
| Accident Death & AccidentalDismemberment Benefit: $10,000 Max | Accident Death & AccidentalDismemberment Benefit: $10,000 Max | Accident Death & AccidentalDismemberment Benefit: $15,000 Max |
| Accident Medical ExpenseBenefit (Excess basis): $250,000 | Accident Medical ExpenseBenefit (Excess basis): $250,000 | Accident Medical ExpenseBenefit (Excess basis): $1,000,000 |
| Deductible: $250 | Deductible: $250 | Deductible: $250 |
| Dental Maximum: $250 per tooth per accident | Dental Maximum: $250 per tooth per accident | Dental Maximum: $250 per tooth per accident |

If you are not a member of Heads Up Football and would like more information, please contact USA Football and your Regional Manager.

|  |  |
| --- | --- |
| **AGE BREAKDOWN** | **# OF PARTICIPANTS** |
| TACKLE FOOTBALL 9 AND UNDER |  |
| TACKLE FOOTBALL 12-10 YEARS OLD |  |
| TACKLE FOOTBALL 15-13 YEARS OLD |  |
| FLAG or 7 on 7 – 9 AND UNDER |  |
| FLAG or 7 on 7 – 10 -12 YEARS OLD |  |
| FLAG or 7 on 7 – 13 – 17 YEARS OLD |  |
| CHEER – 9 AND UNDER |  |
| CHEER – 12 -10 YEARS OLD |  |
| CHEER – 15 – 13 YEARS OLD |  |
| COACHES / VOLUNTEERS |  |

**Are you interested in Purchasing Optional Catastrophic Insurance Yes No**

Signature \_Date\_ Title\_