

COMPLETE AND RETURN TO 4-H OFFICE NO LATER THAN DECEMBER 1<sup>ST</sup> WITH FEES.

\*\*\*The club registration fee is now included on this form\*\*\*

**The Insurance Coverage is Mandatory for All 4-H Clubs**

4-H Accident Insurance Application Form

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Leader: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Number of horse club members: \_\_\_\_\_

Number of horse club leaders: \_\_\_\_\_

Number of Non-horse club members: \_\_\_\_\_

Number of non-horse club leaders: \_\_\_\_\_

Total number of members and leaders: \_\_\_\_\_

**Note:**

- 1.) Coverage does not apply until completed application and fee is received by the 4-H office.
- 2.) Coverage does not apply for summer camp.
- 3.) For a summary of coverage and exclusions, read form AH3/84

As authorized leader of the above 4-H club, I request coverage for our group as per the terms and conditions of the master policy for the Accident Insurance Plan.

\_\_\_\_\_  
4-H Organization Leader

**COMPLETE FOR APPLICATION AND CLUB FEE**

Number of Horse Club Members & Leaders	_____ x \$1.50 each	= \$ _____
All other Club Members & Leaders	_____ x \$1.00 each	= \$ _____
Club registration fee of \$10.00		= \$10.00
TOTAL FEE:		= \$ _____

NOTE: THIS COMPLETED FORM MUST BE SENT IN WITH FEES BY DECEMBER 1<sup>ST</sup>

Central Risk Managers Ltd. is an affiliate of P.W. Wood & Son, Inc., Ithaca, NY. All inquiries regarding coverage or claims should be directed to 607-266-3303.