

**UNITED AMERICAN INSURANCE COMPANY
MCKINNEY, TEXAS
APPLICATION FOR ACCIDENT EXPENSE INSURANCE**

PLAN APPLIED FOR _____ INDIVIDUAL PLAN ONLY..... <input type="checkbox"/> FAMILY PLAN..... <input type="checkbox"/>	TOTAL INITIAL PREMIUM \$ _____ AMOUNT PAID \$ _____ MODE: <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MO	PAYMENT METHOD <input type="checkbox"/> Send Premium Notices <input type="checkbox"/> Automatic Payment Plan	SPECIAL INSTRUCTION
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SCHEDULE A				Date of Birth			
Names of Persons Proposed For Insurance	Sex	Relationship	Mo.	Day	Yr.	Age	

SEND PREMIUM NOTICE TO:	Name	Applicant's Phone No.
	Street Address	Full Name of Beneficiary for Applicant
	City State Zip	Relationship

Will this policy replace any existing coverage? Yes No

If yes, give company name _____ Policy number _____

Applicant's Occupation _____ Spouse's Occupation _____

Any part-time occupation?
If yes, explain: _____

Does Applicant engage in any hazardous sports or avocation?..... Yes No

If yes, explain: _____

To the best of your knowledge and belief, are you and all persons proposed for insurance listed under Schedule A free from any physical or mental impairment, deformity, impairment of vision or hearing? Yes No

If no, give details: _____

I understand the policy must be issued to place coverage in force.

The undersigned applicant and agent certify that the applicant has read, or had read to him, the complete application and the applicant understands that any false statement or misrepresentation therein may result in loss of coverage under this policy.

AUTHORIZATION - I hereby authorize any physician, medical practitioner, hospital, clinic, or other medically related facility or person that has any records or knowledge about me or my health to give information to the United American Insurance Company.

I certify: (1) I have accurately recorded the information supplied by the Applicant, and (2) I have given an Outline of Coverage for the policy applied for to the Applicant.

Dated at _____
(city and state)

Agent's Signature Agt. No.

(Print Agent's Name)

This _____ day of _____
(month) (year)

Applicant's Signature

MAIL POLICY TO: AGENT APPLICANT