## AMATEUR BASEBALL Accident insurance Policy Application

Print or type only

which, upon acceptance and approval by Nationwide Life Insurance Company-Columbus, Ohio 43216, will become a part of Sports Accident Insurance Policy number 402-Baseball (001) Softball/T-Bail (002) Combination (003) Application for Sport: 1. Name of Plan Sponsor SHERIDAN SPORTS ASSOCIATION LOSTILE Address 2382 N 40607 11 2.Policy Term: The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts at 12:01 a.m. on 9/15/11 which is the effective date and ends at 12:01 a.m. on 3 / 15 / 11 which is the termination date. 3. Team Name(s) and Age Class(es) (for example, 4. Maximum Benefit Amounts ages 9 & under, 10-12, 13-15, 16-18 or 19 & over) SHERIDAN T-BALL \$ 10,000 A. Death and Specific Loss (Face Amount), B. Medical Expense Primary Plan. or X Excess Plan 2 SHERIDAN SOFTBALL #1 9 + UNDER SHERIDAN SOFTBALL # 2 10-12 Deductible 4 SHERIOAN SOFTBALLAS Maximum Amount \$ 5,000 SHERINAN SOFTBALL #4 13-15 6. SHERIDAN BASEBALLAI, 9 +LUNDER 10-12 7. SHERIDAN BASEBON # 2 8. SHERIDAN BASEBOLL #3 5.Premium Rates Discount of 5 % for Insuring & Teams 30 2.52 2 65 Baseball 9.8 Under 8. . 13 00 90. =\$ 5 Raseball 10-12 3.95 - \$ ,20 =3 13-15 5 -\$ Bassball 53,20 =\$ 9 & Under S 2.00 - \$ .10 28 Softball/T-Ball 85 26 =\$ 70.46 10-12 2. - \$ Softbal /T-Bal . 14 =\$ 93. 13 13/15 60 - 5 Softball/T-Ball .38 =3 -3 Baseball/Softbal =5 \_ 0 Total premium due subject to a minimum of: \$225 if the medical expense PRIMARY plan has been 337.75 elected and \$175 if the medical expense EXCESS plan has been elected. 6. It is understood and agreed that: (a) premium will be paid for all team players (participants): (b) all eligible persons will be insured; and (c) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance. (NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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. Insurance Company. By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1.800.525.8669. By signing below you agree that you have rend whof white the side of the still bearing no. Date SHERIDAN Agent's Signature and Number Apports Phone Number

These plans are available in DC, FR, VI and all 50 states. Special rates of up to 80% higher apply to all public schools (private and religious schools use the rates shown in this brochure). For public schools, please contact us

(001-203) (010)

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