



American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office P.O. Box 30083, Tampa, FL 33630-3083

*This company does not solicit business in New York.

Application is hereby made for a plan of accident and sickness insurance based on the following statements and representations:

1. Identification of Policyholder: Policy Number _____

Name of Policyholder: _____

Address of Policyholder: _____ City State ZIP

Contact Name and Title: _____ E-Mail: _____

Type of Organization: _____ Nature of Business: _____

SIC Code: _____ Number of Eligible Persons: _____

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered:

2. Classification of Eligible Persons:

3. Policy Benefits and Coverage:

Please include the sold proposal output material.

- Accident and Sickness, Group HospitalCare, Accident Only, Group EmergencyCare options with sub-options A, B, C, D, E, Other.

4. Premiums:

The Policyholder agrees to pay the required premium for these coverages.

5. Policy Effective Date: _____

6. Contribution Information:

Will Eligible Persons contribute to the cost of insurance? Yes No. If Yes, please provide percentage of each coverage that the Policyholder will pay. _____ %

7. Replacement Coverage:

Will this Group Policy replace a Policy providing similar benefits? Yes No

Signed for the Policyholder Title

8. Producing Agent Declaration

Form box containing fields for Producer #, Tax ID, Name as licensed, License Number, Address, Phone Number, Fax number, E-mail address, Signature, Date, City and state where signed.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.