



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 A B C D E Other
- Accident Only
 - Group EmergencyCare A B C 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

Producer #: _____	Tax ID: _____	% of commission to split with other agent: _____
Name as licensed: _____		License Number: _____
Address: _____		Phone Number: _____
Fax number: _____	E-mail address: _____	
Signature: _____		Date: _____
City and state where signed: _____		

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.