



NY Monoline Child Care
Student Accident Application

Named Insured:
Mailing Address:
Physical Address:
City: State: Zip:

Business Type: Individual; Corporation; Partnership; Other
Profit Non-Profit
Licensed Capacity: Average Daily Attendance:

Proposed Effective Date: Proposed Expiration Date:

Number of Insured Persons
Option C - *Number of children x Rate \$4.40 = **Premium
Option C is the only Plan available in the state of New York.
*Based on average daily attendance or a minimum of 75% of licensed capacity.
**\$250 Minimum premium applies.
***Accounts with more than 250 children or 3 locations require a completed Thomco Child Care Application and Loss History. These accounts will be subject to Underwriter approval.

Producer Name:
Producer Phone Number:
Producer E-mail address:
(This e-mail address will be used to send the policy once issued)
Producer Signature: Date

THE HARTFORD STUDENT ACCIDENT POLICY

TERMS & CONDITIONS

LIMITS/
COVERAGES: Coverage is Primary with No Deductible

Accidental Death	Option C \$ 5,000
Dismemberment	
1 Member (except Hearing and Thumb and Index Finger of Either Hand)*	\$ 5,000
2 or more Members*	\$ 10,000
Accidental Medical Expense Maximum	\$ 20,000

Accidental Dental Expense (there is no Dental Limit in NY)

Paralysis & Coma Benefit**
(Paralysis & Comas Benefit not available in FL, NY & WI)

*Member means hand, foot, eye, speech, hearing, or thumb and index finger of either hand. Loss means, with regard to hand or foot, complete severance through or above the wrist of ankle joint; with regard to the eye, the entire irrecoverable loss of sight thereof; with regard to speech or hearing, the entire irrecoverable loss thereof; with regard to the thumb and index finger, actual severance through or above metacarpophalangeal joints. If more than one loss results from the same accident, only one amount, the largest, shall be paid. Benefit for Hearing and Thumb and Index Finger of Either Hand is one quarter the Principal Sum. ***In New York only, the Dismemberment schedule includes Paralysis.***

**Paralysis & Coma Benefit- Benefit Schedule Outlined in Coverage Form

****NOTICE: IF THIS ACCOUNT IS A CURRENT EXPIRATION OF THE HARTFORD, THE COMPANY RESERVES THE RIGHT TO REQUIRE THAT PRICING AND COVERAGES OFFERED HEREIN CONFORM WITH THE EXPIRING POLICY AND THAT ANY ADVERSE LOSS HISTORY ON THE POLICY RESULTS IN APPROPRIATE RENEWAL TERMS.****