

UNITED AMERICAN INSURANCE COMPANY
A LEGAL RESERVE STOCK COMPANY * Administrative Office: McKinney, Texas 75070
 Application for Accidental Death Policy

Benefit Amount
\$3,000
(\$3,000 spouse, \$2,000 each child)

Annual Mode of Premium

Mode of Premium Payment

- Send Premium Notices
 Automatic Payment Plan

Day (01-28) of the Month to Draft Bank Account

Proposed Insured/Applicant

First Name M.I.

Last Name

Address

City State Zip Code

Age Last Birthday Date of Birth (mm-dd-yyyy) - - Sex Male
 Female

Home Phone No. - - Work Phone No. - -

SS # - - E-mail Address of Proposed Insured/Applicant

Beneficiary Name Relationship

Spouse
 First Name M.I.

Last Name

SS # - - Date of Birth (mm-dd-yyyy) - -

Child 1
 First Name M.I.

Last Name

SS # - - Date of Birth (mm-dd-yyyy) - -

Child 2
 First Name M.I.

Last Name

SS # - - Date of Birth (mm-dd-yyyy) - -

Child 3
 First Name M.I.

Last Name

SS # - - Date of Birth (mm-dd-yyyy) - -



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Child 4	First Name <input type="text"/>	M.I. <input type="text"/>	
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>	
Child 5	First Name <input type="text"/>	M.I. <input type="text"/>	
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>	
Child 6	First Name <input type="text"/>	M.I. <input type="text"/>	
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy) <input type="text"/> - <input type="text"/> - <input type="text"/>	

Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the application Replacement Regulation or Rule. Yes No **This policy is not to be used to replace other coverage.**

DECLARATION AND AUTHORIZATION

I hereby declare that the statements recorded above are true and complete to the best of my knowledge and belief with respect to any proposed insured. I agree that: (1) no policy will be binding upon the Company unless upon its date of issue and delivery each proposed insured is alive; (2) no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements. I understand and agree that the Company reserves the right during the first year the policy is in force, to restrict beneficiaries to designations acceptable to the Company. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured.

I, HEREBY AUTHORIZE the MIB, Inc., any insurance company, hospital, physician or other practitioner having any information available as to my diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment, to disclose such information to United American Insurance Company for the purpose of determining my eligibility for insurance and eligibility for benefits under this policy. I understand that I or an authorized representative may request a copy of this authorization. Information for consumers MIB, Inc. may be obtained on its website at www.mib.com.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Residents have the right to designate a secondary addressee. Instruction will accompany all Florida policies at issue.

Amount Collected with this Application: \$.

Date Application Signed (mm-dd-yyyy) - -

State City Signed _____

Agent's Signature

Last Name Agent No.

Print First 5 Letters of Agent's Last Name

Agent's Florida ID No.

Signed _____
Proposed Insured

Signed _____
Applicant (If other than the Proposed Insured)

SEND POLICY TO: Agent Insured The Policy will be sent to insured unless otherwise instructed.

