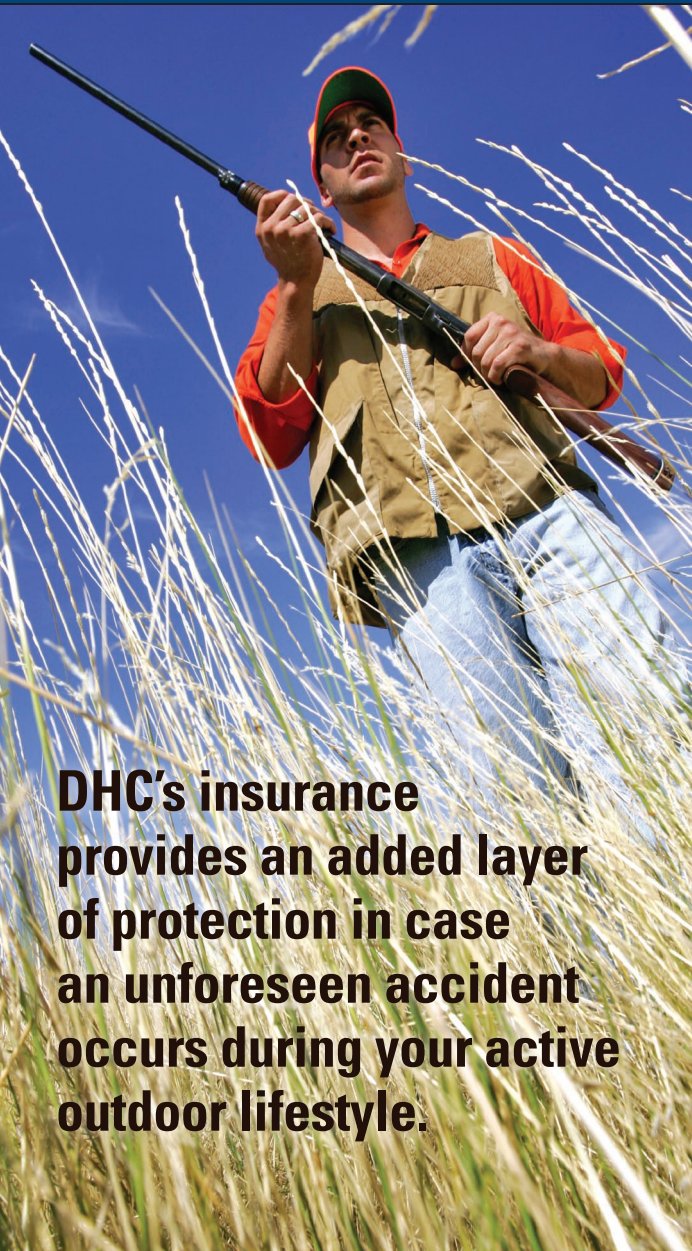


OUTDOORSMAN'S HUNTING & FISHING

ACCIDENT INSURANCE

- Benefits up to \$50,000.00
- \$100.00 per Week Disability Benefit



DHC's insurance provides an added layer of protection in case an unforeseen accident occurs during your active outdoor lifestyle.

- Benefits up to \$50,000.00
- \$100.00 per Week Disability Benefit



DHC Insurance, L.L.C.

P.O. Box 948 • Warrenville, IL 60555
(888) 288-1829 • fax (630) 393-5666
www.dhcins.com



OUTDOORSMAN'S HUNTING & FISHING

ACCIDENT INSURANCE

Hunting and Fishing can be a safe and enjoyable activity for many. However, whether you are an experienced or amateur outdoorsman, accidents can occur and you should be prepared for the unexpected.

Our **Outdoorsman's Hunting & Fishing Accident Insurance** is uniquely designed to protect you in case of an unforeseen accident that may occur during your active lifestyle. Our plan will provide essential coverage including accidental medical expenses, accidental death and dismemberment benefits, and weekly disability income benefits.

Accident only coverage is designed to provide you with coverage for certain losses resulting from injuries incurred during a covered accident which occurs while you are in the act of legally hunting or fishing during any regulated or approved season, while possessing all required licenses, and while located within the United States. Coverage is provided for the benefits listed below.

The Coverage

- Disability Income: \$100.00 per week for a 26 week maximum
- Accidental Death & Dismemberment will pay up to \$50,000.00
- Medical Bills paid up to \$5,000.00

The Limitations

- Benefits reduced by 50% if 65 years of age or older
- \$10,000.00 Maximum Death Benefit if death resulted from accident involving a licensed motor-powered land vehicle

The Premium

- \$99.00 per person per year

Coverage is provided by **Starr Indemnity & Liability Company**, a **Starr International Company** subsidiary "A" (Excellent) rated by A.M. Best Company.

Annual Outdoorsman's Enrollment Form

1. Name of Policyholder _____

2. Address (Street, City, State, Zip) _____

3. Date of Birth (Month Day, Year) _____

4. Effective Date of Coverage (Month Day, Year) _____

5. Termination Date of Coverage (Month, Year) _____

(Note: Coverage is Annual)

6. Plan of Benefits

Plan	Benefits	Premium
<input type="checkbox"/> Plan 1	\$50,000.00 Death & Dismemberment \$5,000.00 Accident Medical Expense	\$99.00

7. Premium Computation: Total Premium Due Company = **\$99.00**

8. Name of Beneficiary _____

9. Relationship to Insured _____

I understand and agree that if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question [4] above, whichever is later, subject to the payment of the required premium.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claims containing false or deceptive statement may be guilty of insurance fraud.

Policyholder Signature:

Name _____

Phone _____

Payment Info:

Check — Make check payable to DHC Insurance, L.L.C.

Visa / MasterCard / American Express — Please complete the below authorization

Name on Card _____

Credit Card # _____

Expiration Date _____

Telephone Number (_____) _____

Cardholder Signature _____