



On Your SideSM

Nationwide Life Insurance Company

Home Office: Columbus, Ohio

Blanket Accident Insurance Policyholder Application

(Print or type only)

1. Policyholder Information

Policyholder Name BURLINGTON SCHOOL DISTRICT		Policy Number JXS0000026775900	
Location Address 1457 MARTIN AVE BURLINGTON, CO 80807			
Mailing Address (if different from above)		City	State
		Zip	County
Phone ()	Administrative Contact		
Fax ()	Title		
Effective Date (MM/DD/YYYY) 08/01/15	Email Address		

2. Premium Payment

It is understood and agreed that premiums are due and payable as agreed upon by the Policyholder and the Company.

3. General Conditions

In applying for the Benefits set forth herein, the undersigned understands and agrees that:

1. All necessary administrative information concerning all Insured Persons shall be subject to the provisions of the Policy and shall be maintained by the [Policyholder, Participating Organization].
2. This Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
3. All benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.

State Fraud Notices

(California) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(District of Columbia) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

(Kentucky) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

(Louisiana) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

(Maine) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

