

**UNITED STATES FIRE INSURANCE COMPANY**  
Administrative Office: 5 Christopher Way • 3rd Floor • Eatontown, NJ 07724

**PARTICIPATING ORGANIZATION APPLICATION**

This is an application for **ACCIDENT ONLY INSURANCE** on form GA26932. It is based on the following statements, and representations.

**POLICY NO:** AH-GA26932-009

☒ NEW    ☐ REVISION

**CERTIFICATE NUMBER** – US2171758

**1. PARTICIPATING ORGANIZATION:** American Bicycle Racing

Address: PO Box 487, Tinley Park, IL, 60477

Type of business or organization: Sport

Coverage for subsidiaries:                    ☒ No        ☐ Yes; attach list

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

**2. REQUESTED EFFECTIVE DATE:** 2025-09-04

**3. BASE PLAN**

A.	Class	DESCRIPTION	Number Eligible
	I	All eligible participants	94

**B.** Referenced dates applicable to Effective Dates, Termination Dates and Changes for Base Plan coverage will be:

- ☒ The date the event occurs.  
☐ The first day of the day of the month on or after the event occurs.  
☐ Other: \_\_\_\_\_

C.	Class	DESCRIPTION OF HAZARDS
	I	Policy Holder Functions

D.	Class	DESCRIPTION OF BENEFITS
	I	Accident Medical Expense Excess
	I	Accidental Death & Dismemberment

E.	Class	PRINCIPAL SUM
	I	25000
	I	10000

**F. AGGREGATE LIMIT OF LIABILITY:** per Accident/AD&D only    ☐ Monthly    ☐ Other \_\_\_\_\_

**PER PERSON BY:** Class: I        Rate: \$xxx

**TOTAL NUMBER OF PARTICIPANTS:** 94

**TOTAL PREMIUM:** \$

4.

**ADDITIONAL BENEFITS**

**A. Class Description**

**Number Eligible**

**B. Age Limits:** ☐ Child: 19, 25 if student ☐ Other: \_\_\_\_\_

**C. Referenced dates applicable to Effective Dates, Termination Dates and Changes for Additional Benefits will be:** ☐ The date the event occurs.

☐ The first day of the day of the month on or after the event occurs.

☐ Other: \_\_\_\_\_

**D. Class DESCRIPTION OF HAZARDS**

**E. Class DESCRIPTION OF BENEFITS**

**F. AGGREGATE LIMIT OF LIABILITY:** \$ \_\_\_\_\_ per \_\_\_\_\_ ☐ Monthly ☐ Other \_\_\_\_\_

**PER PERSON BY:** Class: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

**TOTAL NUMBER OF PARTICIPANTS:** \_\_\_\_\_ **TOTAL PREMIUM:** \$ \_\_\_\_\_

**5. AGE BASED REDUCTIONS:** ☐ YES ☐ NO

**6. PREMIUMS.** Premiums are determined from the rates applicable to the specified Plan and Class. Premiums are due on \_\_\_\_\_ and the \_\_\_\_ day of each subsequent \_\_\_\_\_. BASE PLAN premiums are paid by the Participating Organization. ADDITIONAL PLAN premiums are paid through payroll deductions.

**7. OPEN ENROLLMENTS:** ☐ None ☐ As Shown: \_\_\_\_\_

**8. TRANSMITTAL AGENT** (appointed by Participating Organization):

☐ None ☒ As Shown:

**SIGNED FOR THE PARTICIPATING ORGANIZATION THIS** 16 **DAY OF** May, 2025.

**agreed electronically**

**Signature**

**Name**

**Title**

**FOR COMPANY USE ONLY:**

**SALES OFFICE:** \_\_\_\_\_

**BROKER/AGENT:** \_\_\_\_\_