

**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)   -   -



