

which, upon acceptance and approval by Nationwide Life Insurance Company—Columbus, Ohio 43216, will become a part of Sports Accident Insurance Policy number 402-94-

Sport: Baseball (001)
 Softball/T-Ball (002)
 Combination (003)

1. Name of Plan Sponsor (Groups Name) SHERRY LIOINSKY
 Permanent Mailing Address 4607 E. 2619 RD. SANDWICH IL 60548
 2. Policy Term: The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts at 12:01 A.M. on 4/1/09 which is the effective date and ends at 12:01 A.M. on 10/1/09 which is the termination date.
 3. Team Name(s) and Age Class(es) (for example, ages 9 & under, 10-12, 13-15, 16-18 or 19 & over)

1. SOMONWICK TRAVELING BASEBALL 12-13
 2. _____ 5. _____
 3. _____ 6. _____

Note: If additional table is required, use a separate sheet. For authorized checking account withdrawals called Automated Clearing House (ACH) call 1-800-523-6669

4. Maximum Benefit Amounts

A. Death and specific loss (Face Amount) \$ 10,000
 B. Medical Expense
 Primary Plan, or Excess Plan \$ 5,000
 Deductible \$ 0
 Maximum Amount \$ 5,000

5. Premium Rates

Season	Age Group	Rate	Discount of % for insuring Teams	Final Rate
Baseball	10-12	\$	8.30	\$
Baseball	13-15	\$	8.30	\$
Baseball	16-18	\$	8.30	\$
Softball/T-Ball	9 & under	\$		\$
Softball/T-Ball	10-12	\$		\$
Softball/T-Ball	13-15	\$		\$
Softball/Softba	16-18	\$		\$
Baseball/Softba	19 & over	\$		\$

Total premium due subject to a minimum of \$225 if the medical expense primary plan has been elected and \$175 if the medical expense excess plan has been elected. \$ 175.00

6. It is understood and agreed that: (a) premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.
 (NY) 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check.

By signing this application, you agree to the terms and conditions of the Policy and to the terms and conditions of the application.

Previous Policy Number _____
 Date _____
 Agent's Signature and Number _____
 Agent's Phone Number _____
 Agent's E-mail Address _____

D. Sherry Lioinsky
 Signature of Applicant
SHERRY LIOINSKY
 Printed Name and Title of Applicant
4607 E. 2619 RD. SANDWICH IL 60548
 Address of Applicant
815-498-1340
 Applicant's Phone Number
 Applicant's E-mail Address _____

These rates are available in DC, PR, VI and all 50 states. Special rates of up to 80% higher apply to all public schools (private and religious schools use the rates shown in this brochure). For public schools, please contact us.