

CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Georgia Firefighter Cancer Insurance Application

Application is hereby made for a plan of Blanket Cancer Insurance based on the following statements and representations:

Policyholder (Full Legal Name): City of Cartersville

Street Address: 19 North Erwin Street

City, State, Zip: Cartersville, GA 30120

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless: a) this Application is received and approved by the Insurance Company based on current rules and requirements; b) the Policy is accepted by the Applicant; and c) the required premium is paid when due.

Policy Number: PTP N16744268

Policy Effective Date: January 1, 2023

Policy Term: January 1, 2023 to January 1, 2024

CLASSES OF ELIGIBLE PERSONS (elect all that apply):

- Class 1: All full-time & part-time firefighter employees of the Policyholder as defined in Code Section 25-4-2 who are in Active Service, who have served 12 consecutive months as a firefighter and for whom the required premium has been paid.
- Class 2: All volunteer firefighters of the Policyholder as defined in Code Section 25-4-2 who are in Active Service, who have served 12 consecutive months as a firefighter, who are not employed by another GA fire department and for whom the required premium has been paid.

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

A full-time or part-time employee firefighter of one fire department who is also a volunteer firefighter simultaneously at another fire department will be eligible to be insured as an employee firefighter only.

Any Insured who is simultaneously a member of more than one fire department at the time of Diagnosis may only receive Cancer Benefits from one fire department.

For any insurance paid for in part, or wholly, by individual Insureds, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll. No brochures or any material referencing the requested insurance will be published without the prior written approval of the Insurance Company.

PLAN BENEFITS (elect all that apply for the classes above):

Benefits: Lump Sum and Disability Cancer Benefits
 Survivor Benefit

PREMIUM: **Class 1:** \$13,320
Class 2: \$Not Applicable

TOTAL PREMIUM: \$13,320 per Policy Term

The Applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)