

APPLICATION FOR GROUP INSURANCE

Colonial Life & Accident Insurance Company P.O. Box 1365, Columbia, SC 29202-1365 www.coloniallife.com

				BCN(s): E5482781
Applicant (Com	pany):	City of Lawton		
Corporate Address:		212 SW 9th Street		
		Street		
		Lawton, OK 73501		
		City / State / Zip Code		
Product(s) App	lied For:			
Group Accident Insurance			函	Group Cancer Insurance
🖻 Group Term	Group Term Life Insurance			Group Specified Disease Insurance
Group Disability Insurance		Ð.	Group Hospital Confinement Indemnity Insurance	
Voluntary Group Short Term Disability Insurance				
Replacement:				

Is there any Group Life Insurance plan in force or being applied for (with another carrier) on some or all employees? Yes 🛱 No If Yes, complete the information below:

Name of Carrier	Termination Date

The applicant agrees that no insurance shall be effective until approved by Colonial Life & Accident Insurance Company and that acceptance of the policy will be an approval of all policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Lawton	Oklahoma		
Signed at: City	State		
		Craig Akard	
Applicant Signature (authorized	representative / officer)	Applicant Printed Name	
Human Resources Director			
Title		Date (mm/dd/yyyy)	
Producer / Broker Signature		Producer / Broker Printed Name	
Date (mm/dd/yyyy)	License Number	Producer Number	