



**National Drivers Association**

111 East Main Street  
 Delphi, IN 46923  
 765-564-3894

**ACCIDENTAL DEATH & DISMEMBERMENT APPLICATION**

PLEASE PRINT OR TYPE

Member's Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional coverage for immediate family:

\$10,000 AD&D - Child @ \$3 per month per child      \$50,000 AD&D - Spouse @ \$3 per month

**Family members (for additional names use other side):**

| Name of Family Member | Relationship to Member | Date of Birth |
|-----------------------|------------------------|---------------|
|                       |                        |               |
|                       |                        |               |
|                       |                        |               |
|                       |                        |               |

**Name Of Beneficiaries (must be completed for each insured):**

| Name of Insured | Name of Beneficiary | Relationship to Insured | Date of Birth (Beneficiary) |
|-----------------|---------------------|-------------------------|-----------------------------|
|                 |                     |                         |                             |
|                 |                     |                         |                             |
|                 |                     |                         |                             |
|                 |                     |                         |                             |

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT INFORMATION**

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_