

Accidental Death and Dismemberment Replacement Policy

Policy Number: _____

Insured Name: _____

Date of Issue: _____

Effective Date: _____

Beneficiary: _____

Replacement Issued For:

(Original Policy Number & Reason for Replacement)

Coverage Summary

Circumstance	Benefit
Accidental Death	\$ _____
Dismemberment (Specify loss: e.g., limb, sight, etc.)	\$ _____

Schedule of Losses

Loss	Percentage of Principal Sum
Life	100%
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
Loss of Sight (One Eye)	50%
Other (specify)	_____ %

Exclusions

- Losses resulting from suicide or self-inflicted injury.
- Injuries sustained during illegal activities.
- War or military service.
- Pre-existing conditions.

- Other (specify): _____

Claim Procedures

1. Notify the insurance provider within 30 days of the incident.
2. Submit completed claim form with all required documentation.
3. Provide medical records as requested.
4. Any additional requirements communicated by the provider.

Signatures

Authorized Representative: _____ Date: _____

Insured: _____ Date: _____