



The American Society of Media Photographers  
Application for Accident Insurance

1. Member Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. Address \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_

5. Zip Code \_\_\_\_\_

6. Occupation \_\_\_\_\_

7. Your Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

8. Wife's Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE INDICATE MEMBER SPOUSE EFFECTIVE DATE  
PRINCIPAL SUM  
DESIRED \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

7. Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

8. Address \_\_\_\_\_

9. City \_\_\_\_\_ State \_\_\_\_\_

10. Zip Code \_\_\_\_\_

11. Occupation \_\_\_\_\_

12. Your Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE INDICATE EFFECTIVE DATE  
PRINCIPAL SUM  
DESIRED \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Zurich-American Insurance Company