



ACCIDENTAL DEATH & DISMEMBERMENT POLICY

(Form No. 9428)

Offers up to \$5,000 of no-cost life insurance coverage.

Life Insurance Underwritten by:

American-Amicable Life Insurance Company of Texas
Occidental Life Insurance Company of North Carolina
Pioneer American Insurance Company
Pioneer Security Life Insurance Company

IF AN ACCIDENT TOOK YOUR LIFE, WHERE WOULD IT LEAVE YOUR FAMILY?

Accidental Death and Dismemberment (AD&D) insurance will help to provide security and peace of mind. Life after a terrible accident is never easy, but the right financial protection can help make the aftermath more manageable. The Accidental Death and Dismemberment (AD&D) Insurance Plan pays a cash benefit directly to you in the event of a covered accident, giving you access to additional financial support during a difficult time.

Accidental Death and Dismemberment insurance is something you hope you will never, ever use. The time you spend with your family is priceless, and you wouldn't trade those special moments together for anything in the world. But what would happen if you accidentally died or lost a limb? Would your family be financially prepared?



ACCIDENTAL DEATH STATISTICS IN THE UNITED STATES

- Accidents are the 4th Leading Cause of Death in the United States!*
- Over 170,000 Deaths Per Year Due to Accidents!*

ACCIDENTAL DEATHS IN 2020**	
Motor-Vehicle Accidents:	40,698
Accidental Falls:	42,114
Accidental Drowning:	4,177
Accidental Poisoning:	87,404

* National Vital Statistics Reports, Vol. 70, No. 9, July 26, 2021

** Unintentional injury in the U.S - Statistics and Facts,
www.statista.com/topics/3991/unintentional-injury-in-the-us/#topicOverview,
February 2, 2022



CONGRATULATIONS

You have been approved for a No Cost \$1,000 Accidental Death & Dismemberment Policy.

WOULD YOU LIKE TO INCREASE THAT TO \$5,000?

You will receive an additional \$1,000 in coverage for each friend or family member you would like to refer.

Who Do You Have In Mind That Could Benefit From No Cost Life Insurance?

I REFER ...

- ☐ \$1,000 Benefit Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ \$1,000 Benefit Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ \$1,000 Benefit Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ \$1,000 Benefit Name: _____
Address: _____
Phone Number: _____ Relationship: _____

Your Total Benefit is: \$_____ (Your Maximum Benefit = \$5,000)

I ALSO REFER ...

- ☐ Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ Name: _____
Address: _____
Phone Number: _____ Relationship: _____
- ☐ Name: _____
Address: _____
Phone Number: _____ Relationship: _____