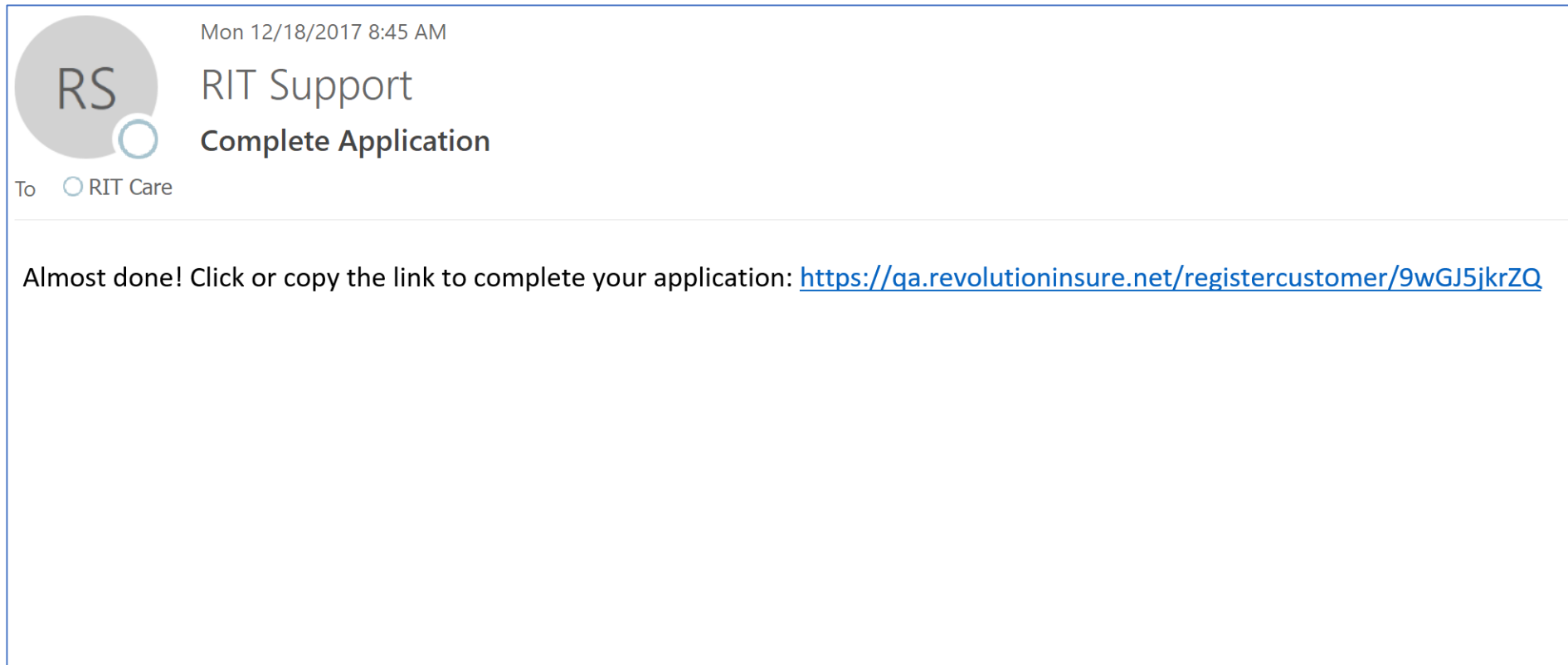



The Simple 3 steps Customer Sees

They will receive an email with a link



https://qa.revolutioninsure.net/registercustomer/9wGJ5jkrZQ



CREATE PASSWORD

ritcare@revolutioninsure.com

Create Password

Confirm Password

CREATE

Create a password

Retype

Press create



Instructions



Thank you for your purchase of our Insurance. You are nearly done. Just a few more simple steps.

Step 1: Below, please review and acknowledge the agreements associated with these products.

Step 2: Setup an electronic signature which is used to complete your application/s.

Step 3: Review and apply your electronic signature to your application/s.

Please make sure you see the **Green** "SUCCESS" at the bottom of the Complete section, this will indicate that you are done and have successfully purchased the product/s.

First Read Instructions

Simple 3 steps

CONTINUE



Step 1: Signatures and Agreements





Step 2: Sign Application



Step 3: Complete



 Instructions


 Step 1: Signatures and Agreements

All agreements

Medico Accidental Injury (AME)
Agreement

Accept all Agreements 

☐ Agree

 VIEW

User Agreement

Accept all Agreements 

☐ Agree

VIEW

To view agreement





All agreements

Medico Accidental Injury (AME)
Agreement

☐

Agree

CLOSE VIEW

I hereby apply to Medico Insurance Company for an Accident Expense Insurance Policy with limited benefits to be issued solely and entirely in reliance on my answers to the questions. This application will become a part of any policy to which this form is attached.

I have read and agree:

- **No insurance exists unless and until coverage is approved by the Company, the first premium is paid and a policy is delivered.**
- The information furnished is complete, true and correctly recorded to the best of my knowledge.
- If requested, I (we) will complete a recorded telephone call with a Company representative as part of the underwriting process.
- I must tell the Company if my (our) health changes in a way that could affect my answers to the above health questions between the time I signed the application and the time the policy becomes effective.
- The policy, if issued, will cover accidents that occur after the date the policy is issued.



Click to agree



All agreements

Medico Accidental Injury (AME) Agreement	<input checked="" type="checkbox"/>	Agree	VIEW
User Agreement	<input checked="" type="checkbox"/>	Agree	VIEW

If you like the font signature below, just submit signature. If you would like to change the font, select the font dropdown. Toggle Handwritten Signature if you would like to create your own signature.

First Name *

mason

5 / 50

Middle Name

Middle Name

0 / 10

Last Name *

smith

5 / 50

Suffix

Suffix

0 / 6

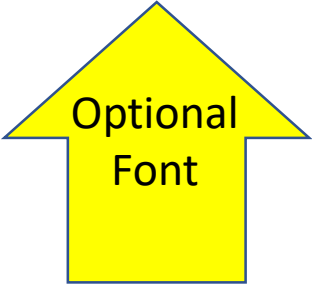
Font *

Indie Flower

▼

mason smith

eSignature



Then Press Submit

SUBMIT SIGNATURE

Here you will find the controls to sign your application. You may click **Next Sign** to go straight to your eSignature, or you may scroll through the application until you see your eSignature. As long as you see **Next Sign** you will have other places to apply your eSignature. When all eSignatures have been applied you will either see **Continue or Complete**. If you see continue, you will have another application to sign, and you will need to repeat the process. When you see the **Blue Complete Button**, please click the button to finalize the application submission.

NEXT SIGN



Outline of Coverage for Accident Expense
Insurance Policy

Administrative Services – P.O. Box 10386
Des Moines, Iowa 50306
Toll-Free 1-800-228-6080

ACCIDENT EXPENSE INSURANCE POLICY

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT
INTENDED TO COVER ALL MEDICAL EXPENSES

RETAIN THIS OUTLINE FOR YOUR RECORDS

READ YOUR POLICY CAREFULLY: This outline of coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both You and Your insurance company. It is therefore important that You **READ YOUR POLICY CAREFULLY**.

Accident-Only Benefit Coverage: Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to limitations contained in the policy. Coverage is

Apply
E-sig
press
here

After clicking 'SIGN' scroll back up to continue

- 100% + FIT TO PAGE

Policy with limited benefits

Desiree M. Scott

180514VHJ4

12/18/2017

SIGN

Applicant's Signature _____ Date _____

Producer's Certification: I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application.

Producer's Printed Name _____

Producer's Number _____

Producer's Signature _____

Date _____

Here you will find the controls to sign your application. You may click **Next Sign** to go straight to your eSignature, or you may scroll through the application until you see your eSignature. As long as you see **Next Sign** you will have other places to apply your eSignature. When all eSignatures have been applied you will either see **Continue or Complete**. If you see continue, you will have another application to sign, and you will need to repeat the process. When you see the **Blue Complete Button**, please click the button to finalize the application submission.

COMPLETE

When All
E-Sig done
button will
turn Blue



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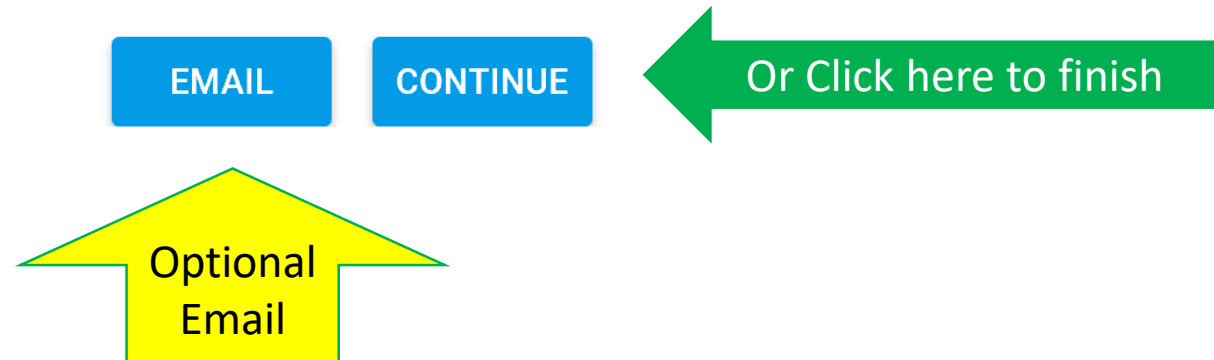
RETAIN THIS OUTLINE FOR YOUR RECORDS

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Accident-Only Benefit Coverage: Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to limitations contained in the policy. Coverage is

Submission Instructions:

- You are one step away from completing your application submission.
- You have the option to have your documents emailed to you. If you would like the documents emailed to you Click "Email" otherwise click "Continue" to complete your submission process.





Thank you for using Revolution Insure to submit your application [Z59R9](#).

Please do not click back on your browser. You have been currently logged out of the system and you may now close your browser.

If you have any further questions, Please contact your agent with email Address :
 at Phone number :

SUCCESS

Customer has finished

The email the customer will receive once completed

