



APPLICATION for: Student Accident Insurance

Name of School or District: \_\_\_\_\_
Address: \_\_\_\_\_ County: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Insured Email Address: \_\_\_\_\_

ENROLLMENT

Estimated Enrollment: \_\_\_\_\_ Number of Students: Pre K - K: \_\_\_\_\_ 1 - 8: \_\_\_\_\_ 9 - 12 \_\_\_\_\_
Number of Senior High Schools: \_\_\_\_\_ Number of Junior High Schools: \_\_\_\_\_
Number of Football Players: \_\_\_\_\_ Senior High: \_\_\_\_\_ Junior High: \_\_\_\_\_
Number of Athletes (excluding Football): \_\_\_\_\_ Senior High: \_\_\_\_\_ Junior High: \_\_\_\_\_

COVERAGE REQUEST

Mandatory

- All Students, All Sports, Including Football
All Students, All Sports, Excluding Football
All Students Excluding All Sports and Football
Football Athletes Only
Athletics Only
Include coverage for:
Before/After School Care
Volunteers
Overnight Trips
Other: \_\_\_\_\_

Voluntary

- School Time - Includes Sports/Excludes Football
Fall Football
Spring Football
24-Hour - Includes Sports/Excludes Football
24-Hour - Excludes all Sports
Dental

Catastrophic Medical

- All Students
Athletes Only Including Football
Athletes Only Excluding Football
Other: \_\_\_\_\_

PREMIUM AND CLAIMS DATA

Date Claims Valued (MM/DD/YYYY): \_\_\_\_\_

Table with 4 columns: Policy Year (Beg - End), Premium, Claims, Benefit Changes from Previous Year. Includes checkboxes for 'None OR List Changes'.

AGENT INFORMATION

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_
Address: \_\_\_\_\_
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please provide a copy of the current policy for each requested coverage.

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