



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

- | | |
|---|---|
| <input type="checkbox"/> All Students, All Sports, Including Football | <input type="checkbox"/> All Students, All Sports, Excluding Football |
| <input type="checkbox"/> All Students Excluding All Sports and Football | <input type="checkbox"/> Football Athletes Only <input type="checkbox"/> Athletics Only |
| Include coverage for: | |
| <input type="checkbox"/> Before/After School Care <input type="checkbox"/> Volunteers | <input type="checkbox"/> Overnight Trips <input type="checkbox"/> Other: _____ |

Voluntary

- | | | |
|--|--|--|
| <input type="checkbox"/> School Time – Includes Sports/Excludes Football | <input type="checkbox"/> Fall Football | <input type="checkbox"/> Spring Football |
| <input type="checkbox"/> 24-Hour – Includes Sports/Excludes Football | <input type="checkbox"/> 24-Hour – Excludes all Sports | <input type="checkbox"/> Dental |

Catastrophic Medical

- All Students Athletes Only Including Football Athletes Only Excluding Football
 Other: _____

PREMIUM AND CLAIMS DATA

Date Claims Valued (MM/DD/YYYY): _____

Policy Year (Beg – End)	Premium	Claims	Benefit Changes from Previous Year
	\$	\$	<input type="checkbox"/> None OR List Changes:
	\$	\$	<input type="checkbox"/> None OR List Changes:
	\$	\$	<input type="checkbox"/> None OR List Changes:
	\$	\$	<input type="checkbox"/> 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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