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STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

A. General Information

Name of School/District: _____
 School Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Title: _____
 Phone: _____ Fax: _____
 Email: _____

B. Voluntary Plans

Estimated annual school enrollment (*total number of students*): _____
 Grades (*mark one*): PK-12 Elementary School Middle School High School
 Effective Date: _____

C. Mandatory Plans (*Coverage selected by school/district*)

	Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities					
At-School Excluding Athletics & Activities					
Athletics & Activities					
Field Trip					
School Band					
ROTC					
Other (<i>Please Specify</i>)					
Other (<i>Please Specify</i>)					
Other (<i>Please Specify</i>)					

D. Notes

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Signature of Official Authorized to Contract for School/District _____ Date Signed _____

Printed Name _____ Title _____

Agent Signature Lacey Clay _____ Date Signed _____

Agent **Printed** Name _____ Agent Number _____