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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 | | | | | |
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| 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 _____ Date Signed _____

Agent Printed Name _____ Agent Number _____