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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: \_\_\_\_\_ Date of first day of class for following school year: \_\_\_\_\_

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

	<b>Product Option</b>	<b>Grades</b>	<b>Total # of Insured</b>	<b>Rate</b>	<b>Premium</b>
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 \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent Printed Name \_\_\_\_\_ Agent Number \_\_\_\_\_