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STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

A. General Information

Name of School/District: _____
 School Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Website Address: _____
 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
 Elementary & Middle School Middle & High School High School
 Effective Date/First Class Date: _____ Last Class Date (*leave blank if unknown*): _____

High School Football Information (*Complete if applicable*)

Is offseason program permitted? Yes No
 Is contact practice permitted? Yes No
 Who pays football premium? School Parents
 Athletic Effective Date: _____ to (*leave blank if unknown*): _____

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				
	Other (<i>Specify</i>):				

Does the district want invoices for Mandatory coverages separated by campus? Yes No NA
 Mail invoices to: District Office Each Campus Other Address

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 _____