

# Coverage Request for Student Accident Insurance



## The Young Group

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### Policyholder Information

Today's date

Policy number

Policyholder

Mailing address: Street

City

State

Zip code

Requested effective date

First day of school

Last day of school

Football coverage effective

### District or School Paid Coverages

#### School time coverage

Select coverage

- ☐ School time including coverage for all interscholastic sports, including interscholastic football  
☐ School time including coverage for all interscholastic sports, except interscholastic football  
☐ School time excluding coverage for all interscholastic sports

Select plan

☐ Plan 1

☐ Plan 2

☐ Plan 3

☐ Plan 4

Fill in the following information on your students, as applicable.

	Number of students		Rate per student		Premium
Grades Pre-K – K	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Grades 1 – 8	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Grades 9 – 12	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Grades Pre-K – 12 (Pre-K – 12 districts only)	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Annual premium				=	<input type="text"/>

#### Athletic coverage only

Select coverage

- ☐ Coverage for all interscholastic sports, including interscholastic football  
☐ Coverage for interscholastic sports, except interscholastic football  
☐ Coverage for interscholastic football only

Select plan

☐ Plan 1

☐ Plan 2

☐ Plan 3

☐ Plan 4

Fill in the following information on your students, as applicable.

Only count an athlete that participates in multiple sports **once** for purposes of premium calculation.

	Number of athletes		Rate per athlete		Premium
Middle/junior high school	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Senior high school	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Annual premium				=	<input type="text"/>

## Additional coverages

To obtain coverage, select the plan and fill in the following information, as applicable.

	Plan	Number of students		Rate per student (or flat premium if applicable)		Premium
District band						
JROTC			×		=	
JTPA			×		=	
Before & after school			×		=	
School volunteers			×		=	
Other						
			×		=	
Other (flat premium)						
				Annual premium	=	

## All Coverages Requested – Total Annual Premium

### Voluntary coverage options – parent or guardian paid (check all that apply)

- ☐ School time coverage, including all interscholastic sports, except interscholastic football
- ☐ School time coverage, excluding all interscholastic sports
- ☐ 24 hour coverage, including all interscholastic sports, except interscholastic football
- ☐ 24 hour coverage, excluding all interscholastic sports
- ☐ 24 hour extension
- ☐ Interscholastic football coverage
- ☐ Extended dental coverage

### Acknowledgement and Signature

To the best of my knowledge and belief, all information, statements, and answers provided above are true and complete.

Signed for the proposed policyholder

Name

X

Title

Email

Phone number

Fax

**List the names of all schools and grades to be covered, or attach a separate sheet listing the schools.**

School name	Grades	No. of students	No. of athletes
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School name	Grades	No. of students	No. of athletes
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School name	Grades	No. of students	No. of athletes
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School name	Grades	No. of students	No. of athletes
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