

**APPLICATION FOR SCHOOL, FOOTBALL AND RECREATIONAL
ACCIDENT INSURANCE**

Name of School or Recreational Entity _____

Mailing Address: _____

City _____ **County** _____ **State** _____ **Zip Code** _____

Telephone Number: () _____ - _____ **Fax Number:** () _____ - _____

Name of Superintendent, Principal or Recreational Director _____

Desired Effective Date: **For School** 1st regular scheduled classes _____
For Sports 1st practice for Sports/Recreational Sports _____

For School Enrollment - Number of packets needed _____ (packets contain 25 enrollment forms each)
Requested Delivery Date (Someone will need to be present to sign for delivery.) _____

MAIL MATERIALS TO: _____

STREET ADDRESS (necessary for UPS delivery) _____

City _____ **State** _____ **Zip Code** _____

PLAN SRF 12 (FORM NO. A13-672)

MAXIMUM MEDICAL BENEFITS.....\$25,000

PREMIUM SCHEDULE

FULL TIME STUDENTS – FACULTY MEMBERS – SUPPORT PERSONNEL - SPORTS PARTICIPANTS

Coverage	Number Enrolled	Premium	Total
SCHOOL DAY ONLY (Students/Faculty/Support Personnel)	_____	@ (\$14.00)	\$ _____
24-HOUR YEAR ROUND (Students/Faculty/Support Personnel)	_____	@ (\$42.00)	\$ _____
FOOTBALL GRADES 7 THRU 12	_____	@ (\$55.00)	\$ _____
RECREATIONAL SPORTS (Participants/Support Personnel) CITY OR BUSINESS LEAGUE SPORTS	_____	@ (\$14.00)	\$ _____

Check/Money Order Attached for \$ _____

We, the undersigned, do hereby make application for accident coverage. (Enrollees may be listed on back).

Approved Signature _____ **Title** _____ **Date** _____

Agent Signature _____ **Agent Number** _____

OFFICE USE ONLY: **Date to be mailed** _____ **Date Mailed** _____ **Initials** _____
A13-674

PLEASE LIST ALL ENROLLEES AND REMIT THE APPROPRIATE PREMIUM: If additional space is needed, please copy the form or attach a separate sheet listing the additional enrollees. (A computer listing may also be attached).

[illegible]