
How to Enroll

1. Determine which plan of coverage you would like to enroll your child in - **24 Hour Coverage**
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to **A-G Specialty Insurance LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936**
3. Make Checks Payable to **UNITED STATES FIRE INSURANCE COMPANY c/o A-G Specialty Insurance LLC**
4. Return by mail to A-G Specialty Insurance LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check).

**INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM
UNITED STATES FIRE INSURANCE COMPANY
STUDENT ACCIDENT COVERAGE**

STUDENT'S LAST NAME (one letter per box)

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STUDENTS FIRST NAME

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Age: _____ Grade: _____ Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address _____

City _____ State _____ Zip _____

Name of School _____

School District _____

X _____ Date: _____

Signature of Parent or Guardian (Required)

**Individual Voluntary
Student Accident Plans**

24-HOUR COVERAGE

☐ **\$90.00 per student per year**

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24-Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.