



ZURICH[®]

Enrollment Form

Blanket Accident Insurance

Zurich American Insurance Company

1400 American Lane
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION

Name of Policyholder : (School, District, Diocese, etc.) Name of individual School enrolled in:	
--------------------------------------------------------------------------------------------------------------	--

ENROLLEE INFORMATION

Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: N/A	
Street Address:	City:	State:	Zip Code:
Mailing Address (if different from above):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: N/A <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic/Civil Union Partner	
Email Address: N/A	Home Phone: N/A	Work Phone: N/A	Cell Phone: N/A
Requested Effective Date (MM/DD/YYYY): N/A			

PARENT OR LEGAL GUARDIAN INFORMATION (if Enrollee is a Minor)

Full Legal Name (First, Middle Initial and Last):		Relationship to Enrollee: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	
Street Address (if different than Enrollee's):	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY): N/A	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address:	Home Phone: - -	Work Phone: - -	Cell Phone: - -

INSURANCE REQUESTED

Benefit(s) Included:	Coverage Amount
Accidental Death Benefit	as per the Policy Schedule
Accidental Dismemberment Benefit	as per the Policy Schedule
Exposure and Disappearance Benefit	as per the Policy Schedule
Accident Medical Expense Benefit	as per the Rider

BENEFICIARY DESIGNATION		
Primary Beneficiary:		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Contingent Beneficiary:		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:

PREMIUM INFORMATION:	
Enrollee:	\$
Frequency of Payment: <input checked="" type="checkbox"/> Annually	
Method of Payment: <input checked="" type="checkbox"/> Agency Bill	

FRAUD WARNING

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The Enrollee hereby enrolls for Accident Insurance and declares that:

All information provided in this enrollment form and any attachments hereto is true and correct to the best of my knowledge and belief. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to Zurich American Insurance Company's decision to provide this insurance, and that insurance will be provided in reliance upon the truth of such information.

It is hereby understood and agreed that:

1. this insurance is provided by Zurich American Insurance Company in consideration of payment of the required premium; and
2. the insurance under the policy begins no sooner than the date the Company or its Agent approves the Enrollment Form.

Enrollee's Signature (may be electronic): _____ Date: _____

Parent or Legal Guardian's Signature (may be electronic): _____ Date: _____

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: BOLLINGER INC.

MAIL THE COMPLETED APPLICATION AND PAYMENT TO:

BOLLINGER SPECIALTY GROUP

PO BOX 1515

MORRISTOWN, NJ 07962