



# Pennsylvania: Application for Student Accident Insurance

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

MALE  FEMALE DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT**

All statements made on this application are true and complete to the best of my knowledge and belief.

PARENT'S SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME OF SCHOOL DISTRICT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Please select the policy desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE POLICY		
Premium Cost Per Year		
	A. SCHOOL TIME ONLY POLICY	B. 24-HOUR 'ROUND THE CLOCK' POLICY
Students	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$144.00
Grades K-12	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$144.00

I enclose \$ \_\_\_\_\_ Total Premium

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.