



ON REVERSE SIDE, PLEASE LIST ALL SCHOOLS TO BE COVERED AND THE NUMBER OF STUDENTS AND ATHLETES PER SCHOOL. IF ADDITIONAL SCHOOLS, PLEASE ATTACH LIST.

APPLICATION FOR BLANKET STUDENT ACCIDENT INSURANCE

Eligible Persons are all registered Students of the Policyholder. POLICY NUMBER: _____

Name of Policyholder:				County:		
Address:				Email Address:		
City:		State:	Zip Code:			
Estimated No. of Eligible Day Students: _____	Preschool	K	1 - 8	9 - 12	College or University	Grades Included:
Boarding Students: _____						

MANDATORY STUDENT ACCIDENT COVERAGE (SELECTED AND PAID BY THE POLICYHOLDER)

ACCIDENT MEDICAL EXPENSE (100% Student Participation)

PLAN SELECTED: Plan 1 Plan 2 Plan 3 Plan 4 (See schedule of benefits in policy)

POLICY EFFECTIVE: _____ TO _____ FOOTBALL EFFECTIVE: _____ TO _____

ALL STUDENTS SCHOOL TIME Includes All Interscholastic Sports with Football
 Includes All Interscholastic Sports - No Football No Interscholastic Sports

SPORTS COVERAGE Includes All Interscholastic Sports with Football Interscholastic Football Only
 Includes All Interscholastic Sports - No Football Includes All Interscholastic Sports - No Football or Basketball

Maximum Benefit Amount: \$ _____ <input type="checkbox"/> Full Excess <input type="checkbox"/> \$ _____ Primary Excess (PA ONLY)	Deductible Amount <input type="checkbox"/> No Deductible <input type="checkbox"/> \$ _____	Maximum Period in Which Expenses Must Be Incurred (days) _____ Days
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OPTIONS: Include coverage for those items listed and checked below (SELECTED AND PAID BY THE POLICYHOLDER)

Please contact CSI for Options. _____

\$ _____ Total Options Premium \$ _____ Total Student Accident Premium \$ _____ Total Flat Premium

VOLUNTARY – Plan 4 Only (Paid by the Student or Parent)

School Time 24Hour Dental Football

First Day School Activities: _____ TO _____ Football Effective: _____ TO _____

We hereby enroll with Sentry Insurance a Mutual Company for a plan of insurance. We understand that insurance will be in force if this application is accepted by the Company, and the required premium is received by the Company when due. **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject of a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Type or Print the name of Official Authorized to Contract for the School:	Title:	Telephone Number:
		Fax Number:
Signature (Required):		Date of Request:

LOCAL / REGIONAL LICENSED AGENCY

Agency Name: <u>CSI / Special Markets Ins. Consultants, Inc.</u>	License Number: <u>703597</u>
Address: <u>2615 Post Road</u>	Agent Name: <u>Nora Stransky</u>
City, State, Zip: <u>Stevens Point, WI 54481</u>	Phone Number: _____
	Email: _____

Signature (Licensed Agent) _____

