

PERSONAL ACCIDENT INSURANCE FOR SCHOOLS APPLICATION/AGREEMENT

Name of Scho	ool:												
Address:													
Email Address:				Telephone: TRN: Number of Teachers & Staff									
							This plan is (check appropria	ate box):				
							□ _{NEW} □ _{UPGRADED}			DED	Drenewal without change in plan		
The plan and	rate agreed on	are as follows	s:										
	Plan:	□school	MATE	□scho	OL PLUS								
	Option chose	en:											
	Premium Ra	te:											
	To Cover:	To Cover: 1) Number of Stud											
	2) Number of T			hers & Staf	f								
	Period of Coverage:		Fro	m									
			То										
	Amount paid with this application												
NAME OF PRINCIPAL/BURSAR						SIGNATURE OF PRINCIPAL/BURSAR							
NAME OF AGENT/BROKER & CODE			•			SIGNATURE OF AGENT/BROKER							
DATE						SCHOOL SEAL/STAMP							