



Student Accident

Student Accident, Health, & Sports Survey

**One Lakeside Commons
990 Hammond Dr. Ste. 200
Atlanta, GA 30328
Toll Free: 800.578.2111
Fax: 770.394.0333**

1. Official name and complete address for college or university.

School Name

Contact Name/ Title

Address

City State Zip

County

Telephone Fax

2. Number of Students (*Estimates are OK*)

- A. Full-time Undergraduate _____
- B. Full-time Graduate _____
- C. Part-time (Only if Eligible) _____
- D. International Students _____
- E. Male _____
- F. Residing on Campus _____
- G. Married _____

3. Campus Health Services Provided (*Check one*)

- None
- Nurse Staffed Dispensary
- Outpatient with Dr. Services
- 24 Hour Infirmary

4. To which hospital would your students be referred if necessary?

Name of hospital or physicians office

City State Zip

5. Policy Term (*Check one*)

- Annual (12 Months)
- School Year (9 months)

6. Insurance Enrollment Procedure (*Check one*)

- Compulsory – All students are enrolled in the insurance program.
- Waiver – Health insurance is mandatory but students may waive out if they have coverage elsewhere.

7. Enrollment & Rate History

Year	_____	_____	_____
# Of Insured	_____	_____	_____
Rate/ Student	_____	_____	_____
Insurance Company	_____	_____	_____

8. Premium and Loss Experience (*Required only if over 100 students are insured*)

Year	_____	_____	_____
Total Premium	_____	_____	_____
Total Losses	_____	_____	_____
As of Date	_____	_____	_____

9. Intercollegiate Sports (*Check one*)

- Are covered under the student policy.
- Are covered under a separate policy.

10. Sports Census (*Check all that apply*)

- Football Lacrosse
- Ice Hockey Soccer
- Rugby Gymnastics

Administrator Signature: _____

Date: _____

