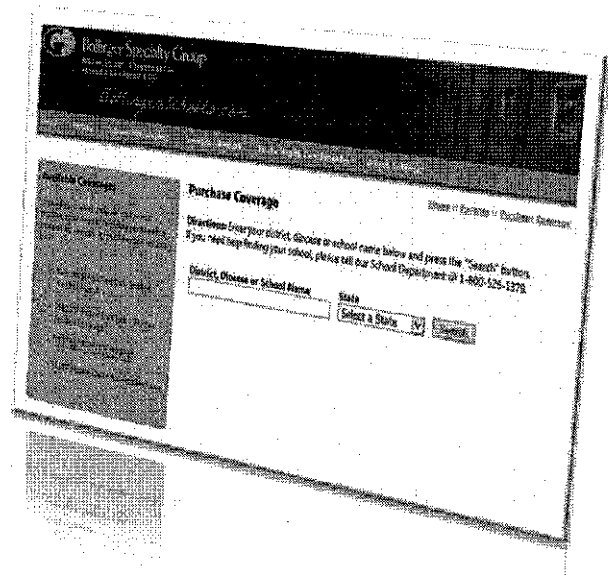


ONLINE ENROLLMENT VOLUNTARY STUDENT ACCIDENT INSURANCE

Kids will be kids!

Make sure your child is properly covered against unforeseen accidents. Purchase Student Accident coverage at your convenience from any computer. Follow the easy step by step instructions and you're done in minutes!

- Visit us on the web at www.BollingerSchools.com
- Under the *Parents* section click *Purchase Coverage*
- Simply enter the name of your District, Parish, Diocese or School Name and select your state.
- Click *View Insurance Products /Purchase Coverage*.
- From here you can either click on *Buy Online Now* to purchase coverage online with a credit / debit card or
- Click on *Print and Pay by Check* to submit the completed forms and payment by mail.



Access our website at your convenience 24 hours a day, 7 days a week!

Visit us at:

www.BollingerSchools.com



Bollinger Specialty Group
BOLLINGER, INC., A SUBSIDIARY OF
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Bollinger Specialty Group
200 Jefferson Park • Whippany • NJ • 07981
www.BollingerSchools.com



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

VOLUNTARY STUDENT ACCIDENT INSURANCE PLAN

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN COST PER SCHOOL YEAR

SCHOOL TIME ONLY PLAN

\$17.00

Coverage through the
last day of school in June 2017

OR

24-HOUR 'ROUND THE CLOCK PLAN

\$88.00

Coverage through the last day
of summer vacation 2017

FOOTBALL ONLY PLAN

\$128.00

Football Only Plan may be purchased
separately or in conjunction with the
School Time Only
or Round The Clock Plan

This is intended as a general description of certain types of insurance and services available to qualified customers through the Zurich American Insurance Company (1400 American Lane, Schaumburg, IL 60196, phone number 800-382-2150, NAIC # 16535, domiciled in New York) solely for informational purposes. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by Zurich American Insurance Company. Your policy is the contract that specifically and fully describes your coverage, terms and conditions. The description of the policy provisions gives a broad overview of coverages and does not revise or amend the policy.

Coverages and rates are subject to individual insured meeting our underwriting qualifications and product availability in applicable states.

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 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 Excess Integrated 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	

INSURANCE FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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. 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, at Zurich American Insurance Company's sole discretion, 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