GLATFELTER PUBLIC PRACTICE

A DIVISION OF GLATFELTER INSURANCE GROUP

Student Accident Insurance
Questionnaire Form

Eligible Persons are all full time enrolled students

Name of School:	Phone #: Fax #:	
Address:		
City:	State:	Zip Code:
# of Enrolled or Projected Students Grades K-8: _____ # of Enrolled or Projected Students Grades 9-12: _____	# of Enrolled or Projected Adult Education Students: _____	
Does the school district have a football team? Yes ☐ No ☐ # of football students: _____ Grade Level(s): _____	Does the district have other sports programs? Yes ☐ No ☐ Grade Level(s): _____	Effective date of current Policy:

Does the school have any Foreign Travel plans? Yes ☐ No ☐ If yes, complete the attached Foreign Travel Supplemental for each separate trip prior to travel.

Does the school have a separate catastrophic student accident policy? Yes ☐ No ☐
Annual Premium: _____ Medical Maximum Limit: _____

Year	Carrier	Premium	Losses	Rate Per Student	# of Students
08-09					
07-08					
06-07					
05-06					

PLEASE PROVIDE: FOUR YEARS CURRENTLY VALUED HARD COPY LOSS RUNS, AND A COPY OF YOUR CURRENT COVERAGE DECLARATIONS PAGE

Attach Loss Runs, Policy is experience rated. You may attach any pertinent details to this application for review by underwriting.

We hereby request a Student Accident Quotation from the Textbook insurance program.

Name of School Business Official:	Title:
Signature:	Date of Request:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or for any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

(FORMERLY PROFESSIONAL UNDERWRITERS)
52 Corporate Circle, Suite 210, Albany, NY 12203
Phone: 800-833-8822; Fax: 518-464-9498

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Foreign Travel Supplemental

(Please Complete One Form Per Trip Prior To Travel)

1. Name of School?

   _____

2. Travel Destination – list of cities/counties (if more than one)

   _____

3. Dates of trip?

   _____

4. Provide names and ages of those Students who will be traveling?

   _____

5. Provide number of Chaperones?

   _____

6. Provide a list of Daily Activities? Will activities be chaperoned?

   _____

7. Provide an itinerary (Either list below or attach a separate sheet of paper).

   _____

   _____

8. Other Comments:

   _____

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