

## STUDENT ACCIDENT UNDERWRITING QUESTIONNAIRE

Name of School:

Street Address:

City:

State:

Zip Code:

## 1. Number of Enrolled students

|   |  |
|---|--|
| Full-Time, Domestic Undergraduate Students: |  |
| Graduate Students:                          |  |
| Part-Time Students:                         |  |

## 2. Please provide the rates charged per student for the 4 most recent policy years:

| Rate Per             | Student |
|----------------------|---------|
| Current School Year  |         |
| Current Year Minus 1 |         |
| Current Year Minus 2 |         |
| Current Year Minus 3 |         |

## 3. Please provide the number of students covered under the student accident plan for the four (4) most recent policy years:

| Number Enrolled      | Students |
|----------------------|----------|
| Current School Year  |          |
| Current Year Minus 1 |          |
| Current Year Minus 2 |          |
| Current Year Minus 3 |          |

## 4. In order to provide a quote for the School's Student Accident Insurance Plan, please also provide the following:

- **Copies of the school's current policy.**
- **Copies of the claim reports for the four (4) most recent policy years.**

### ACKNOWLEDGEMENTS AND SIGNATURES

- a. **Fraud Warning** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- b. **Applicant's Acknowledgement** I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive office of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signature: \_\_\_\_\_

Title:

Date:

Agent Name:

Agency:

Address:

City:

State:

Zip:

Email:

Phone:

Fax:

**Please return form to:**

 Philadelphia Insurance Companies, 500 Mamaroneck Avenue, Suite #402, Harrison NY 10528  
[info@ajfusa.com](mailto:info@ajfusa.com) • Phone: 1.800.734.9326