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STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

A. General Information

Name of School/District: Bibb County School District
 School Mailing Address: 484 Mulberry Street, Suite 485
 City: Macon State: GA Zip: 31201
 Contact Name: David Gowan Title: Director of Safety and Risk Management
 Phone: 478-765-8647 Fax: 487-765-8666
 Email: David.Gowan@bcsdk12.net

B. Voluntary Plans

Estimated annual school enrollment (total number of students): 25,000
 Grades (mark one): PK-12 Elementary School Middle School High School
 Effective Date: 8/1/2017 Date of first day of class for following school year: N/A

C. Mandatory Plans (Coverage selected by school/district)

	Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities					
At-School Excluding Athletics & Activities					
Athletics & Activities	High	High School	2,000		\$38,500
Field Trip					
School Band					
ROTC					
Other (Please Specify)					
Other (Please Specify)					
Other (Please Specify)					

D. Notes

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

David Gowan 6-23-2017
 Signature of Official Authorized to Contract for School/District Date Signed

David Gowan Director of Safety and Risk Management
 Printed Name Title

Agent Signature Date Signed

Dunwoody Insurance 8267-001
 Agent Printed Name Agent Number