Marketed and Administered by:



## GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment For Intercollegiate Sports Accident Insurance

Name of Policyholder:	Gardner-Webb University
Athlete Name:	
Date of Birth:	
School Address:	
_	
School Phone:	
Home Address:	
_	
_	
Home Phone:	
PLAN BENEFIT:	
Basic Option	Expanded Option
Disappearing Dedu	ctible:\$500
Insured Percentage:	100%
Maximum Benefit I	Limit: <u>\$10,000</u>
CHECK COVERA	AGE DESIRED:
Football Only (Fall & Spring): \$1,584.00	
All Other Sport	s*: \$918.00
* One premium cov with the exception	ers applicant for the entire school year regardless of the number of sports he/she participates in n of football.

I understand that insurance becomes effective only when this enrollment form and full premium have been received by First Agency.

Signature

Administered by:

First Agency 5071 West H Avenue Kalamazoo, MI 49009-8501 Phone: 269-381-6630 Fax: 269-492-0084

No Premium Refunds