



National Security
Insurance Company

P. O. BOX 703, ELBA, AL 36323
800-798-2370 – FAX 800-693-7507

APPLICATION FOR SCHOOL AND RECREATIONAL BLANKET ACCIDENT INSURANCE

Name of School or Recreational Entity _____

Mailing Address: _____

City _____ County _____ State _____ Zip Code _____

Telephone Number: () _____ - _____ Fax Number: () _____ - _____

Name of Superintendent, Principal or Recreational Director _____

Desired Effective Date: For School 1st regular scheduled classes _____
For Sports 1st practice for Sports/Recreational Sports _____

Desired Expiry Date (365 days after Desire Effective Date) _____

For School Enrollment - Number of packets needed _____ (packets contain 25 enrollment forms each)
Requested Delivery Date (Someone will need to be present to sign for delivery.) _____

MAIL MATERIALS TO: _____

STREET ADDRESS (necessary for UPS delivery) _____

City _____ State _____ Zip Code _____

PLAN SRF 12 (FORM NO. A13-672)

MAXIMUM TOTAL AGGREGATE MEDICAL BENEFITS.....\$25,000

PREMIUM SCHEDULE

FULL TIME STUDENTS – FACULTY MEMBERS – SUPPORT PERSONNEL - SPORTS PARTICIPANTS

Coverage	Number Enrolled	Premium	Total
I. STUDENT OR FACULTY MEMBER:			
SCHOOL DAY ONLY	_____ @	(\$14.00)	\$ _____
24-HOUR YEAR ROUND	_____ @	(\$42.00)	\$ _____
FOOTBALL GRADES 7 THRU 12	_____ @	(\$55.00)	\$ _____
II. RECREATIONAL SPORTS (issued ages 5-14)			
CITY OR BUSINESS LEAGUE SPORTS	_____ @	(\$14.00)	\$ _____
III. SUPPORT PERSONNEL:			
SCHOOL DAY ONLY	_____ @	(\$14.00)	\$ _____
24-HOUR YEAR ROUND	_____ @	(\$42.00)	\$ _____
Check/Money Order Attached for			\$ _____

We, the undersigned, do hereby make application for accident coverage. (Enrollees may be listed on back).

Approved Signature _____ Title _____ Date _____

Agent Signature _____ Agent Number _____

OFFICE USE ONLY: Date to be mailed _____ Date Mailed _____ Initials _____
A13-674 GA