

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment
Intercollegiate Sports Accident Insurance
For 2026/2027 Academic Year

Name of College/University (Policyholder): Cornerstone University

Student ID Number:

Athlete's Name:

Athlete's Date of Birth:

Athlete's Email Address for ID Card:

College/University Address:

Athlete's Home Address:

Athlete's Phone Number:

PLAN BENEFIT:

Basic Option Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 100%

Maximum Benefit Limit: \$10,000

CHECK COVERAGE DESIRED:

All Other Sports*: \$1,022.00

* One premium covers applicant for the entire school year regardless of the number of sports he/she participates in with the exception of football.

I understand that insurance becomes effective only when this enrollment form and full premium have been received by Gallagher Special Risk.

Athlete's Signature

These plans are subject to Insurance Department approval.

Gallagher Special Risk
5071 West H Avenue, Suite A
Kalamazoo, MI 49009-8501
Phone: 269-775-3721
Fax: 269-492-0084