



Student Health &
Special Risk

GUARANTEE TRUST LIFE INSURANCE
COMPANY

Student-Athlete Enrollment
For Intercollegiate Sports Accident Insurance

Name of
Policyholder: Trinity Christian College

Athlete Name: _____

Date of Birth: _____

School Address: _____

School Phone: _____

Home Address: _____

Home Phone: _____

PLAN BENEFIT:

☒ Basic Option ☐ Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 100%

Maximum Benefit Limit: \$5,000

CHECK COVERAGE DESIRED:

☐ Football Only (Fall & Spring): _____

☐ All Other Sports*: \$638.00

* 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 First Agency.

Signature _____

These plans are subject to Insurance Department approval.

Gallagher Special Risk
5071 West H Avenue Suite A
Kalamazoo, MI 49009-8501
Phone: 269-381-6630
Fax: 269-492-0084