

Marketed and Administered by:



GUARANTEE TRUST LIFE INSURANCE COMPANY

Student-Athlete Enrollment  
For Intercollegiate Sports Accident Insurance

Name of  
Policyholder: Aurora University

Athlete Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

**PLAN BENEFIT:**

☐ Basic Option      ☒ Expanded Option

Disappearing Deductible: \$500

Insured Percentage: 80%

Maximum Benefit Limit: \$5,000

**CHECK COVERAGE DESIRED:**

☒ Football Only (Fall & Spring): \$1,093.00

☒ All Other Sports\*: \$634.00

\* 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  
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Fax: 269-492-0084