COLINA

Colina Insurance Limited
P.O. Box N-4728
Nassau, The Bahamas

STUDENT ACCIDENT ENROLLMENT FORM

IMPORTANT: All students from the same school must COMPLETE and RETURN this form.
This form is required to be completed and returned promptly even if you do not wish to enroll the student in the plan.
Please enclose correct premium.

SECTION A - Srudent Information

Name of Student

First Name | Middle Name | Last Name

Age

Date of Birth

Day | Month | Year

Name of Parent / Guardian

First Name | Middle Name | Last Name

Residential Address

No and Street | City | State / Provence / County | P.O. Box

Telephone Numbers

Home | Work | Cell

SECTION B - School Information

Name of School

Email **rmackey@gmail.com**

Grade | Homeroom No. | Teacher's Name

SECTION C - Coverage

- [x] Please enroll the above named student in Plan A (Broad full-time Coverage 24 hours a day) $20.00
- [ ] Please enroll the above named student in Plan B (Broad school time coverage only) $10.00
- [ ] Waive the above named student's right to participate in this insurance program

Enclosed: [x] Cash [ ] Cheque for $ _____ *(Make cheques payable to Colina Insurance Limited)*

Please check with school administrator for the plan level [ ] Renewal [x] New Enrollment

Name of Beneficiary (Please print)

Relationship to Insured

Signature of Parent / Guardian

Date

Day | Month | Year

FOR OFFICE USE

Policy Number

Salesperson

Effective Date

Day | Month | Year