

STUDENT INSURANCE  
*Questionnaire*

HBCU STUDENT ACCIDENT, HEALTH & SPORTS  
PLANS DESIGNED FOR HISTORICALLY BLACK  
COLLEGES & UNIVERSITIES

1. Official name and complete address for college or university.

School \_\_\_\_\_  
Your Name \_\_\_\_\_  
Your Title \_\_\_\_\_  
Number and Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
County \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Email \_\_\_\_\_

2. Number of students (Estimates are OK)  
A. Full-time undergraduate \_\_\_\_\_  
B. Full-time graduate \_\_\_\_\_  
C. Part-time (only if eligible) \_\_\_\_\_  
D. International Students \_\_\_\_\_  
E. Male \_\_\_\_\_  
F. Residing on Campus \_\_\_\_\_  
G. Married \_\_\_\_\_

3. Campus Health Services Provided (Check one):  
 None  
 Nurse Staffed Dispensary  
 Outpatient with Doctor Services  
 24 Hour Infirmary

4. What hospital would your students be referred to if necessary?  
\_\_\_\_\_

5. Policy Term (Check One):  
 Annual (12 Months)  
 School ( 9 Months)

6. Insurance Enrollment Procedure

- Compulsory - All students are enrolled in the insurance program.
- Waiver - Health insurance is mandatory but students may waive out if they have coverage elsewhere.
- Voluntary - No requirement but school makes a plan available.

7. Enrollment & Rate History (Attach brochures for each year)

Year \_\_\_\_\_  
# of insured \_\_\_\_\_  
Rate/student \_\_\_\_\_  
8. Insurance Co. \_\_\_\_\_

Premium and Loss Experience (if available). **Our most competitive quotes require this information.**

Year \_\_\_\_\_  
Tot. Premium \_\_\_\_\_  
Tot. Losses \_\_\_\_\_  
As of Date: \_\_\_\_\_

9.

Intercollegiate Sports (Check one):

- Are covered under the student policy.
- Are covered under a separate policy.
- Both

10. Sports Census (Check each that applies.)

- Football
- Softball
- Baseball
- Basketball
- Track
- Tennis

Return via mail or fax to:  
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