

INSURANCE PROGRAM

**Please fill out the information in the required fields below
(indicated by an *) and choose one of the options listed.**

*Student Name _____ *Student I.D. _____

Address _____

City, State, Zip _____

Phone Number () _____

Parent Name _____

*Parent Signature _____

*Date _____

INSURANCE APPLICATION

_____ We have decided to apply for Student Accident Coverage from Markel Insurance as offered by Queen of Peace High School for the 2010 – 2011 school year. The application and the check/money order have been sent to cover the cost for the year.

OR

INSURANCE WAIVER

_____ We have decided not to take the Student Accident Coverage insurance from Markel Insurance as offered by Queen of Peace High School for the 2010 – 2011 school year. We understand that Queen of Peace High School's administration encouraged us to take this additional coverage over and above our own medical insurance.