

## **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 2009 – 2010 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 2009 – 2010 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.