COLINA

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

Grade	Homeroom No.	Teacher's Name

SECTION C - Coverage

- ☐ 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: ☐ Cash ☐ Cheque for $ _____ *(Make cheques payable to Colina Insurance Limited)*

Please check with school administrator for the plan level ☐ Renewal ☐ 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)