UNITED STATES FIRE INSURANCE COMPANY

VOLUNTARY STUDENT ACCIDENT INSURANCE

Sussex Academy | 2026-2027 School Year

Policy Period: July 31, 2026 to July 31, 2027

STUDENT INFORMATION

School System	Sussex Academy
School Name	_____
Student Last Name	_____
Student First Name	_____
Student Date of Birth (mo/day/year)	_____
Student Home Phone	_____
Student Address	_____
City / State / ZIP	_____

PLAN SELECTION - SELECT ONE

☐	**School-Time Accident Coverage**	$28 annual premium
☐	**24-Hour Accident Coverage**	$128 annual premium

Coverage note: School-Time coverage applies to eligible accidents while attending school, participating in covered supervised or sponsored activities, and certain direct travel, subject to the policy terms and exclusions. The 24-Hour option extends covered accident protection beyond school-time activities, subject to all policy terms, limitations and exclusions. Interscholastic sports are excluded.

PAYMENT

Make check or money order payable to	Bob McCloskey Insurance
Amount Enclosed	$_____
Check / Money Order #	_____
Mail enrollment and payment to	Bob McCloskey Insurance P.O. Box 511 Matawan, NJ 07747

PARENT / GUARDIAN AUTHORIZATION

Signature of Parent/Guardian	_____
Date	_____

IMPORTANT COVERAGE NOTICE

This enrollment form is not a contract of insurance. Coverage is governed solely by the complete Blanket Accident Only Policy issued by United States Fire Insurance Company, including its Schedule of Benefits, definitions, conditions, exclusions, limitations and endorsements. If there is any discrepancy between this form, the brochure and the policy, the policy language controls. This is accident-only coverage; benefits are not payable for loss due to sickness. Proper premium payment is required for coverage to become effective in accordance with the policy.