Enroll online for quicker service at www.StudentInsurance-kk.com or complete and mail this form

Student Accident Enrollment Form (School Year 2023-2024)

Student's Last Name:		
Student's First Name:		
ent's Middle Name: Date of Birth:		
Street Address:		
City:	State:Zip:	
Name of School District (required):		
Name of School:		
Grade Level: ☐ Pre-K/Headstart ☐ Kindergarten/Elementary ☐ Middle Sc	chool	
Signature of Parent or Guardian:		
Date: Email Address:	Phone Number:	
Student Insurance Plan C	Dptions — Check Your Selection:	
Accident Only Coverage Plans	Low Option	High Option
24-HOUR	\$112.00	□ \$165.00
24-HOUR Summer Only	□ \$39.00	\$51.00
AT-SCH00L	□ \$30.00	□ \$38.00
HIGH SCHOOL FOOTBALL COVERAGE Full Year	\$176.00	\$293.00
HIGH SCHOOL FOOTBALL COVERAGE Spring Only For New Players	□ \$76,00	□ \$124.00
HIGH SCHOOL FOOTBALL and AT-SCHOOL Covers all athletics	□ \$206,00	\$331.00
HIGH SCHOOL FOOTBALL and 24-HOUR Covers all athletics	\$288.00	□ \$458.00
Enclose check for total payment payable to: AXIS INSURANCE COMPANY. DO NOT SEND CASH TOTAL ENCLOSED: \$	Checks, money orders, or credit cards accep	oted.
See Important Notice - Fraud Warning on next Mail this completed form with payment back to: K&K Insurance Grou	. •	-2338
Complete this section only if you Full name as it appears on card	u wish to pay with a Credit Card	
First Name: MI:	Last Name;	
Billing Address (if different than above) Street # Address		Apt #
City:	State:	Zip:
Card Number:	Expiration Date: Month: Year:	zıp,
Cardholder signature:	Expiration batter months	
Company does not issue refunds nor accept responsibility for cash payments. (Re	ejection of check or credit card by bank for any reason, will inv	/alidate insurance.)

BACC-004-0909-GA-SP

IMPORTANT NOTICE - FRAUD WARNING

- In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- For Residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- For Residents of California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- For residents of the District of Columbia: WARNING: It is a crime to provide
 false or misleading information to an insurer for the purpose of defrauding the
 insurer or any other person. Penalties include imprisonment and/or fines. In
 addition, an insurer may deny insurance benefits if false information materially
 related to a claim was provided by the applicant.
- For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- For residents of Maine, Tennessee and Washington: It is a crime to knowingly
 provide false, incomplete or misleading information to an insurance company
 for the purpose of defrauding the company. Penalties include imprisonment,
 fines and denial of insurance benefits.
- For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- For residents of New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- For residents of Oklahoma: <u>WARNING:</u> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- For residents of Oregon: Any person who knowingly and willfully presents a
 false or fraudulent claim for payment of a loss or benefit or who knowingly or
 willfully presents false information in an application for insurance may be guilty
 of a crime and may be subject to fines and confinement in prison.
- For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- For residents of Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- For residents of Virginia: Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.