

Coverage Request for Base Student Accident Insurance

The Young Group
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Today's Date:
 Requested Effective Date:

Policyholder Information

Policyholder:		Policy Number:	
Street Address:			
City:	State:	Zip Code:	
First Day of School:	Last Day of School:	Football Coverage Effective Date:	

District or School Paid Coverages

School Time / Sports Coverage

Select Coverage:

School time including coverage for all interscholastic sports, including interscholastic football

School time coverage only

Select Plan:

Standard Plan Intermediate Plan Premier Plan

Fill in the following information on your students, as applicable:

	Number of Students	Rate Per Student	Premium
Grades Pre-K – K	X	=	
Grades 1– 8	X	=	
Grades 9 – 12	X	=	
Grades Pre-K – 12 (Pre-K – 12 districts only)	X	=	
Annual Premium			=

Athletic Coverage Only

Select Coverage:

Coverage for all interscholastic sports, including interscholastic football

Coverage for interscholastic football only

Select Plan:

Standard Plan

Intermediate Plan

Premier Plan

Fill in the following information on your students, as applicable:

Only count an athlete that participates in multiple sports once for purposes of premium calculation.

	Number of Athletes	Rate Per Athlete	Premium
Middle / Junior High School	X	=	
Senior High School	X	=	
(Premium is fully earned upon inception and non-refundable.)			Annual Premium =

Additional Coverages

To obtain coverage, select the plan and fill in the following information, as applicable.

	Plan	Number of Students	Rate Per Student (or Flat Premium if Applicable)	Premium
District Band		X	=	
JROTC		X	=	
JTPA		X	=	
Before & After School		X	=	
Adult School Volunteers		X	=	
Other		X	=	
Annual Premium				=

All Coverages Requested – Total Annual Premium:

Voluntary Coverage Options - Parent or Guardian Paid (Check all that apply.)

School time coverage, including all interscholastic sports, except senior high interscholastic football

24-hour coverage, including all interscholastic sports, except senior high interscholastic football

Interscholastic senior high football coverage

Extended dental coverage

Coverage Details

List the names of all schools and grades to be covered, or attach a separate sheet listing the schools.

[illegible]

Acknowledgement and Signature

Signed for the Proposed Policyholder: X

Name:

Title:

Email:

Phone:

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