

**UNITED STATES FIRE INSURANCE COMPANY
BOWIE STATE UNIVERSITY
POLICY NUMBER: UEL2901S
INTERNATIONAL STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
2011-2012**

ENROLLMENT FORM

Student ID#: _____ Date of Birth ____/____/____ Male: [] Female: []
Student Name: _____

(Please print) Last First MI
Address: _____
City: _____ State: _____ Zip Code: _____

Home Country or Country of Regular Domicile: _____

FALL SEMESTER	8/30/11 - 1/23/12
[] Student	\$ 308.00
[] Spouse *	\$1,268.00
[] Child(ren) *	\$ 629.00

Total _____

SPRING SEMESTER	1/23/12 - 8/30/12
[] Student	\$ 308.00
[] Spouse *	\$1,268.00
[] Child(ren) *	\$ 629.00

Total _____

Rates include an administrative fee.

* Coverage for dependent spouse and child(ren) is optional.

Dependent Information:

Spouse Name: _____ Date of Birth: ____/____/____

Child Name: _____ Date of Birth: ____/____/____

Child Name: _____ Date of Birth: ____/____/____

STUDENT SIGNATURE: _____ **DATE** ____/____/____

Your check or money order must be made payable to The Allen J. Flood Companies, Inc. Mail your completed form with the appropriate payment to The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538 no later than **October 15, 2011** for annual coverage and **March 15, 2012** for spring coverage.

Form# AHU-27261

<p>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.</p>
