

**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><b>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.</b></p>
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