



PRINT APPLICATION

CHOOSE THE PLAN & DEDUCTIBLE YOU WANT

(Check the box below for the coverage & deductible you want)

OPTION 1 (RECOMMENDED)

OPTION 2

WORLDWIDE COVERED LOSSES

Accidental Damage, Theft, Fire, Flood, Natural Disasters, Vandalism and Lightning Strikes

Coverage Amount (Replacement Cost)	Annual Premium for \$25 Deductible	Annual Premium for \$50 Deductible	Annual Premium for \$100 Deductible
\$2,000	<input type="checkbox"/> \$60	<input type="checkbox"/> \$55	<input type="checkbox"/> \$50
\$3,000	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$65
\$4,000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$95	<input type="checkbox"/> \$90
\$5,000	<input type="checkbox"/> \$125	<input type="checkbox"/> \$120	<input type="checkbox"/> \$115
\$6,000	<input type="checkbox"/> \$145	<input type="checkbox"/> \$140	<input type="checkbox"/> \$135
\$7,000	<input type="checkbox"/> \$165	<input type="checkbox"/> \$160	<input type="checkbox"/> \$155
\$8,000	<input type="checkbox"/> \$180	<input type="checkbox"/> \$175	<input type="checkbox"/> \$170
\$9,000	<input type="checkbox"/> \$195	<input type="checkbox"/> \$190	<input type="checkbox"/> \$185
\$10,000	<input type="checkbox"/> \$210	<input type="checkbox"/> \$205	<input type="checkbox"/> \$200

WORLDWIDE COVERED LOSSES

Theft, Fire, Flood, Natural Disasters, Vandalism and Lightning Strikes (No Accidental Damage Coverage)

Coverage Amount (Replacement Cost)	Annual Premium for \$25 Deductible	Annual Premium for \$50 Deductible	Annual Premium for \$100 Deductible
\$2,000	<input type="checkbox"/> \$45	<input type="checkbox"/> \$40	<input type="checkbox"/> \$35
\$3,000	<input type="checkbox"/> \$60	<input type="checkbox"/> \$55	<input type="checkbox"/> \$50
\$4,000	<input type="checkbox"/> \$80	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70
\$5,000	<input type="checkbox"/> \$90	<input type="checkbox"/> \$85	<input type="checkbox"/> \$80
\$6,000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$95	<input type="checkbox"/> \$90
\$7,000	<input type="checkbox"/> \$110	<input type="checkbox"/> \$105	<input type="checkbox"/> \$100
\$8,000	<input type="checkbox"/> \$120	<input type="checkbox"/> \$115	<input type="checkbox"/> \$110
\$9,000	<input type="checkbox"/> \$130	<input type="checkbox"/> \$125	<input type="checkbox"/> \$120
\$10,000	<input type="checkbox"/> \$140	<input type="checkbox"/> \$135	<input type="checkbox"/> \$130

If you have a NSSI policy, please renew your existing policy. Do not apply for a new policy.

PLEASE PRINT OR TYPE (* = required information)

Student's Name*: _____

Student's Email: _____

Classification*: FR. SO. JR. SR. GRAD. FACULTY/STAFF.

School State*: _____

College/University Name*: _____

Parent/Guardian Name*: _____

Home Address*: _____

City*: _____

State *: _____ Zip*: _____

Parent/Guardian Email*: _____

(This is where your policy declaration, password, and booklet will be sent.)

Parent/Guardian Home Phone*: _____ Cell: _____

PAYMENT INFORMATION

Premium Amount: _____
(chose from the table above)

Processing Fee*: _____ **+ \$10.00**

Immediate Alert Option: _____
(\$29.95 membership fee added)

Total Amount Due: _____

Policy Effective Date: _____
(If left blank, policy become effective 24 hours after the postmarked date)

METHOD OF PAYMENT:

Check or Money Order Enclosed

Charge to my: MasterCard Visa American Express Discover

Account Number: _____

Expiration Date: _____

CVV#: _____

Cardholder's Name: _____

Billing Address: _____
(if different than home address)

City: _____ State: _____ Zip: _____

- Automatic Renewal:** YES! Make sure my policy doesn't expire. Enroll me in the Automatic Renewal Program. My Student Protection Policy will be automatically renewed at the end of
- each policy year and my credit card will be charged premium due until I choose to cancel my protection.