QBE INSURANCE CORPORATION

2009–2010 ISTUDENTCITY.COM
INTERNATIONAL STUDENT INSURANCE MONTHLY ENROLLMENT FORM

POLICY NUMBER SCH00003

1. PLEASE PRINT CLEARLY • ANSWER ALL QUESTIONS

STUDENT'S LAST NAME/FAMILY NAME		FIRST			MIDDLE INITIAL
STUDENT'S PERMANENT U.S. MAILING ADDRESS—# AND STREET NAME		APT/BOX #	CITY	STATE	ZIP
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY)	STUDENT'S E-MAIL ADDRESS			❑ MALE ❑ FEMALE
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER	HOME COUNTRY		PASSPORT VISA HELD ❑ F1 ❑ J1 ❑ OTHER _____	

2. HAVE YOU EVER BEEN INSURED WITH THIS COMPANY BEFORE? ❑ NO ❑ YES

3. I WANT MY INSURANCE TO START ON _____ AND CONTINUE FOR A PERIOD OF _____ WHOLE MONTHS **(3 MONTHS MINIMUM)**.
Month Day Year

4. **I CERTIFY THAT I AM A PARTICIPANT IN AN INTERNATIONAL PROGRAM AT** (NAME OF SCHOOL)**:** _____

SIGNATURE OF STUDENT **X** _____ DATE _____

5. **COMPLETE REVERSE SIDE OF CARD FOR PREMIUM PAYMENT INFORMATION**

CA LICENSE NO. 0655426, RENAISSANCE INSURANCE AGENCY, INC.

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6. I WISH TO ENROLL AS FOLLOWS:	$100,000 MAXIMUM	$250,000 MAXIMUM
ELIGIBLE STUDENT	❑ $59.00	❑ $79.00
NUMBER OF MONTHS (3 MONTHS MINIMUM)	X	X
TOTAL AMOUNT DUE	= $	= $

CHANGES FROM ONE PLAN MAXIMUM OF COVERAGE TO ANOTHER ARE ONLY ALLOWED AT THE BEGINNING OF A NEW POLICY YEAR.

PREMIUM RATES:
THESE RATES ARE VALID FOR COVERAGE WHICH HAS AN EFFECTIVE DATE ON OR AFTER **AUGUST 1, 2009** AND UNTIL **AUGUST 31, 2010**. FOR RATES EFFECTIVE AFTER THESE DATES, PLEASE CALL THE PLAN ADMINISTRATOR.

7. **MAKE CHECK OR MONEY ORDER PAYABLE TO:**
RENAISSANCE INSURANCE AGENCY, INC.
FOR CREDIT CARD PAYMENT SEE BELOW
REMITTANCE IN U.S. FUNDS ONLY

8. **MAIL PAYMENT AND ENROLLMENT FORM TO:**
RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

CHARGE CARD AUTHORIZATION — CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX
WILL APPEAR AS **"STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES"** ON YOUR CREDIT CARD BILL

MasterCard # or Visa # _____ Expiration Date _____ Charge This Amount _____

Name of Cardholder _____ Signature of Cardholder _____