

ACKNOWLEDGEMENT OF INSURANCE LIABILITY

STUDENT NAME: _____ SS # _____

SPORT (Check applicable box)

M/W Basketball Wrestling Softball Golf
 Volleyball M/W Soccer Cheerleading

I have personal insurance coverage. Yes No

I am covered by my parents'/spouse's insurance. Yes No

I understand that North Idaho College Athletics Department insurance is an excess coverage plan and is a secondary payer to all other valid and collectible medical plans. I understand that student insurance information must be on file with the Athletics Department and bills must be submitted within a three-month period of the accident or NIC will not be responsible for coverage. I understand that any pre-existing conditions will not be covered by North Idaho College Athletic Department insurance.

All information provided in this document is accurate and complete to the best of my knowledge. I understand that any incorrect or undisclosed information can result in the obligation becoming my personal responsibility.

Date _____ Student Signature _____

THE ULTIMATE RESPONSIBILITY FOR PAYMENT OF ANY CLAIM IS YOURS!

Please print your parents' name and mailing address below:

Name _____

Address _____

City, State, Zip _____

Telephone: _____