

UMW Camp Insurance Form

Name of Insurance Co: _____

Customer Serv. Phone #: _____

Ins. Company. Addr: _____

Policy or ID #: _____ Group #: _____

HMO PPO POS

Policy Limit: _____

Co-pay: _____ Deductible: _____

Does this policy cover athletically related injuries? Yes No

Signature of Parent _____

Name of Participant _____