

SOUTHEASTERN COLLEGE
2023-2024 ACCIDENT ONLY INSURANCE ENROLLMENT FORM
UNDERWRITTEN BY AXIS SECURITY INSURANCE COMPANY POLICY# COSBAGI-IFS0003

STUDENT Last Name:		
First Name:	Middle Initial:	
Student I.D. #		
Date of Birth (Month/day/year):	[] Male	[] Female
Mailing Address:		
City:	State:	Zip:
Phone # ()	EMAIL ADDRESS:	

FAX NUMBER _____