

# INSURANCE INFORMATION

## TO BE COMPLETED BY PARENT OR GUARDIAN

(Please Return to Department Headquarters with Acceptance Form)

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(Name of Claimant)

(Date of Birth)

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(Home Address)

### Person to contact in an Emergency

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(Address)

(Phone Number)

During the applicant's stay at The American Legion Cadet Patrol Academy, Supplemental insurance will be provided by The American Legion **after all claims have been submitted to the individuals insurance company.**

1. Parents Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(Name/Address/Phone No.)

3. Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(Name/Address/Phone No.)

4. List of family medical insurance policies \_\_\_\_\_  
(Attach separate sheet if more space is needed)

Name of Insurance Co. \_\_\_\_\_ Group Individual HMO  
Policy No.(s) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

To whom (Employer, Union, etc.) was policy issued \_\_\_\_\_

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(Date)

(Signature of Parent or Guardian)