



## PERSONAL PROPERTY INSURANCE INFORMATION

Dear Parent/Student:

The University requires that all students residing on campus be covered by a personal property insurance plan. Arthur J. Gallagher & Co., College Student Insurance, has designed a student personal property insurance plan for students of The Lincoln University. *Claims and inquiries are submitted to Arthur J. Gallagher & Co., College Student Insurance, 316 Maxwell Road, Ste. #100, Alpharetta, GA 30009, (888) 411-4911, [www.CollegeStudentInsurance.com](http://www.CollegeStudentInsurance.com).*

If you choose to insure your son or daughter under your own personal property insurance plan, the name of your present insurance carrier and policy information must be included in the waiver section of this form. **This information must be provided at the beginning of each academic year.**

**If this form is not returned, the cost of this coverage will be added to your account. There will be no cancellations or refunds once a student's name is entered into this plan. Failure to complete the waiver section of this form will result in automatic enrollment in this insurance plan.**

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### PERSONAL PROPERTY INSURANCE NOTIFICATION FORM 2015-2016 Academic Year

Student Name: \_\_\_\_\_ Student ID# or Social Security #: \_\_\_\_\_

**Yes** \_\_\_ I want my son or daughter to be covered by the Lincoln University Student Personal Property Insurance Plan.

Parent or Student Signature: \_\_\_\_\_

#### **Insurance Waiver Section**

**No** \_\_\_ I do not wish my son or daughter to be covered by the Lincoln University Student Personal Property Insurance Plan. **He or she is presently covered by personal property insurance as indicated below:**

Insurance Carrier Name: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_  
Street City State Zip

Insurance Phone #: \_\_\_\_\_

Parent or Student Signature: \_\_\_\_\_

***By signing I certify that all information on this form is complete and accurate.***