



Junior College Intercollegiate Sports Catastrophic Insurance Enrollment Form

Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175

General			
Name of Institution	Galveston College		
Address	Full Legal Name		
	4015 Ave G	Galveston	TX
	Street	City	State
Contracting Official			Zip
E-mail Address	Name	Title	Phone
			Fax

Sports Census

Please enter the number of participants for every sport in the table below and add any sports that are not listed.

**Note:** For Track & Field, enter the maximum number of participants between indoor and outdoor to avoid double counting. For Football, enter the maximum number of participants between spring and fall to avoid double counting.

Sports	# of Sport Participants		
	Women	Men	Total
Baseball		54	54
Basketball			0
Bowling			0
Cheerleading			0
Cross County Running			0
Dance			0
Football			0
Golf			0
Lacrosse			0
Rodeo			0
Soccer			0
Softball	26		26
Student Coaches/Student Managers/Student Trainers			0
Swimming & Diving			0
Tennis			0
Track & Field			0
Volleyball			0
Wrestling			0
			0
			0
			0
			0
Grand Total:	26	54	80

Name of Institution:

Premium

Please select the desired benefit period and deductible combination in the table below.

Select Plan	Benefit Period	Deductible	Total Premium
<input checked="" type="checkbox"/>	Lifetime	\$25,000	2419.00
<input type="checkbox"/>	Lifetime	\$35,000	
<input type="checkbox"/>	Lifetime	\$50,000	
<input type="checkbox"/>	10-Year	\$25,000	
<input type="checkbox"/>	10-Year	\$35,000	
<input type="checkbox"/>	10-Year	\$50,000	

Make premium check payable to Risk Strategies and mail payment along with this completed form to one of the following offices:

Kansas City:  
120 W. 12th Street, Ste. 1000  
Kansas City, MO 64105-1938  
913-815-1300  
Attn: Stephanie Williams

Salt Lake City:  
2180 South, 1300 East, Suite 450  
Salt Lake City, UT 84106  
801-412-2622  
Attn: Carol Malouf

Term of Coverage

It is understood that the effective date of coverage under this program will be either the **date requested** or the **date this form and the premium are received** and accepted by the Company, whichever is later (for a requested effective date of August 1 we must receive the enrollment form no later than October 1 of the current year). Coverage expires one year from the effective date.

Desired Effective Date

By

Signature of Contracting Official

Date

Licensed Agent's Signature

916136

License Number

05/20/2025

Date