

2026-2027

**Application for  
Intercollegiate  
Athletics and Activities  
Accident Insurance**



13931 Quail Pointe Drive  
Oklahoma City, OK 73134

**GENERAL INFORMATION**

School/College Galveston College  
Address 4015 Avenue Q  
City Galveston State TX Zip 77550 County Galveston  
Telephone: 409-944-1215 Fax: \_\_\_\_\_  
Policy Effective Date: 8/1/2026 1<sup>st</sup> Day of Football Practice: \_\_\_\_\_

**SPONSORED ACTIVITIES**

List Sponsored Activities to be Covered (example: Baseball, Basketball, Student Trainers, Student Managers, Golf, etc):

Baseball (M), and Softball (W), Volleyball (W)

Texas Kids First Plan Selection <i>Application will only cover Sponsored Activities listed above.</i>	Plan Designs			Intercollegiate Football Rider	Premium
	Lone Star Custom	Lone Star Advantage	Lone Star		
<input checked="" type="checkbox"/> Intercollegiate Athletics and Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	\$ <u>7,500.00</u>
<input type="checkbox"/> School Activities including Intercollegiate Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
<input type="checkbox"/> School Activities Excluding Intercollegiate Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____

**AUTHORIZED SIGNATURES**

School Official's Name (print): \_\_\_\_\_

School Official's Title (print): \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name (print): Rommie Maxey

Agent Signature: \_\_\_\_\_ Date: May 7, 2026

Return to:

For Office Use Only:

Deductible: \$ 0