



# Adventures In Missions

3723 34th St. • Lubbock, TX 79410 • 1-800-658-9553 • fax (806) 793-2043 • info@aimsunset.org • www.aimsunset.org

## INSURANCE FORM

Personal health insurance is required by the school, and all applicants must complete this form. Proof of Insurance will be needed when you come to registration.

### 1. Applicant Name

**Applicant Name** (please print): \_\_\_\_\_

### 2. Insurance Policy Information

**INSURANCE COMPANY** Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City State/Province ZIP/Postal Code

**INSURANCE POLICY** Policy Holder: \_\_\_\_\_

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

Group #: \_\_\_\_\_

I.D. #: \_\_\_\_\_

### 3. Applicant's Insurance Card

If you do not already one, **please have your insurance company issue you your own card.**

**Please attach a photocopy of your personal insurance card.**

(Staple or paper clip the photocopy to this form.)

**Once you have completed this form and attached a copy of your insurance card, send it to:**

Adventures In Missions  
3723 34th St.  
Lubbock, TX 79410