

**UNIVERSITY OF TENNESSEE  
 DAY CARE STUDENT ACCIDENT PARTICIPATION REPORT  
 AIG POLICY #SRG 0009152593**

<b>CENTER LOCATION</b> _____	<b>ACCOUNT NUMBER</b> _____		
<b><u>TOTAL ENROLLED</u></b>	<b><u>CY 2017 RATE PER PARTICIPANT</u></b>		<b><u>TOTAL PREMIUM</u></b>
Children _____ X		=	_____
Staff _____ X		=	_____
<b>TOTAL PREMIUM DUE:</b>			_____

**CONTACT NAME:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**\*RETURN THIS FORM TO:**

**UNIVERSITY OF TENNESSEE, 5723 Middlebrook Pike, Suite 218, Knoxville, TN 37996-4900.  
 ATTN: Ann Chappell Tallent**