



MORGAN WHITE  
ADMINISTRATORS  
INTERNATIONAL, INC.

VERIFICATION OF STUDENT STATUS AMENDMENT/ENDORSEMENT TO APPLICATION FOR

POLICY NUMBER: \_\_\_\_\_ MAIN

INSURED: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

PROPOSED INSURED (STUDENT): \_\_\_\_\_

BIRTH DATE OF PROPOSED INSURED: \_\_\_\_\_

IS THE PROPOSED INSURED A FULL-TIME COLLEGE STUDENT? YES \_\_\_\_\_  
NO \_\_\_\_\_

IF YES, NAME OF SCHOOL PROPOSED INSURED CURRENTLY  
ATTENDS: \_\_\_\_\_

IT IS AGREED THAT THIS AMENDMENT/ENDORSEMENT TO APPLICATION SHALL BE A  
PART OF THE APPLICATION FOR THE POLICY.

SIGNED AT \_\_\_\_\_ ON \_\_\_\_\_, 200\_\_\_\_\_  
CITY / COUNTRY MONTH/DAY YEAR

WITNESS INSURED

SPOUSE

STUDENT VERIFICATION (2/2010)