



FIRST AGENCY, INC.

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February, 2016

Dr. David Lett, Superintendent
Pana CUSD #8
14 E. Main St.
Pana, IL 62557

RE: 2016/2017 Voluntary & Catastrophic Student Insurance Renewals

Dear Dr. Lett:

Thank you for the opportunity to provide the Student Accident & Catastrophic insurance for the current 2015/2016 year at Pana CUSD #8. Enclosed please find the 2016/2017 renewal packets for the Voluntary and Catastrophic insurance programs. The voluntary packets include an application as well as a coverage brochure and a sample parent letter to be included with student envelopes to increase awareness of the student insurance program. Please note that the premiums remain the same as the expiring coverage. In order to renew the coverage with Guarantee Trust Life, please forward the completed application to our office and we will send the policy through your office later this spring.

In regard to the Catastrophic coverage with AIG, we have included the renewal quote, along with a copy of the expiring application for reference. You will notice that the premium did have a small increase for the coming year – the first increase in 3 years. To renew, please return the completed and signed application via fax or email.

Thank you very much for the opportunity to be of service. If you have any questions or concerns, please do not hesitate to call our office. We will plan to follow up in June if we have not received the respective applications by that time.

Sincerely,

A handwritten signature in black ink that reads "Joe Block".

Joe Block

enc.

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Student Accident Insurance

Name of Policyholder: Pana Community School District #8

Address: 14 East Main Street Pana IL 62557
Street City State Zip County

Junior/Middle High Schools consist of grades 6, 7, 8 Senior High Schools consist of grades 9, 10, 11, 12

Total District enrollment: _____ Please attach a list of all schools in the District.

Policy Number: 124-125-340-J

STUDENT ACCIDENT COVERAGE

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is _____. The termination date shall be _____, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

FOOTBALL ONLY ACCIDENT COVERAGE **IN EFFECT** **NOT IN EFFECT**

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on _____ and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on _____. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:					
COVERAGE	GRADES	PREMIUMS	COVERAGE	GRADES	PREMIUMS
24-Hour	PK-12	\$125.00/\$275.00	Football	9-12	\$162.00/\$369.00
School-Time	PK-8	\$23.00/\$52.00			
School-Time	9-12	\$46.00/\$105.00			

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

Authorized Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Ship supplies to address below:

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Attention: _____ Requested Date of Shipment: _____

Please provide an email address to receive supplies electronically: _____

The following notices are applicable where stated:

ALL OTHER STATES, except NEW HAMPSHIRE: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.