

THE BROKERAGE STORE, INC.

INVOICE

BILL TO
Meredith Nelson
Crosby ISD
P.O. Box 2009
Crosby, TX 77532

MAIL TO
The Brokerage Store, Inc.
4091 De Zavala Rd., #3
San Antonio, TX 78249

Invoice Date	4/27/2020
Agent	Roger Byers

PREMIUMS DUE BY SEPTEMBER 1, 2020

SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
Student/Athletic Accident Insurance						
2020-2021	GROUP UIL	Texas Value				\$49,200
	CATASTROPHIC	CAT Only				\$1,560
2019-2020	COVID-19 Premium Credit (ONE TIME ONLY)					(\$4,920)
2 YEAR RATE GUARANTEE						
Please return the portion below with your payment.						
BALANCE DUE						\$45,840

REMITTANCE

Customer	Crosby ISD
Amount Enclosed	\$

Make check payable to:
The Brokerage Store, Inc.
4091 De Zavala Rd., #3
San Antonio, TX 78249

PHONE (210)366-4800
FAX (210)366-1388
E-MAIL rochelle@thebrokeragestore.com
WEB SITE www.thebrokeragestore.com

APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



Send completed form to:
The Brokerage Store
4091 De Zavala Road, Suite 3 • San Antonio, TX 78249

**2 YEAR RATE
GUARANTEE**



SCHOOL/DISTRICT INFORMATION

School/District Crosby ISD DIST. CLASS. _____
Address P.O. Box 2009
City Crosby County _____ State TX Zip 77532

DATE INFORMATION Effective Date 08/01/2020 Termination Date 07/31/2021
_____ 1st Day of School _____ Last Day of School _____ 1st Day of Football Practice

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS		
	A: GROUP COVERAGES	PREMIUMS
<input checked="" type="checkbox"/>	1. Group UIL Coverage: Plan (<u>Texas Value</u>)	\$ <u>49,200</u>
<input type="checkbox"/>	2. All School Coverage: Plan (_____) (Includes UIL Activities) Enrollment grades PK- 12 (_____) @ \$ _____ =	\$ _____
	TOTAL PREMIUM	= \$ <u>49,200</u>

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS		
	B: VOLUNTARY COVERAGES: (See Brochure)	ENROLLMENT FORMS NEEDED
<input type="checkbox"/>	1. Voluntary Sports/UIL Activities Coverage: Plan (<u>Basic</u>) Estimated number of Interscholastic UIL Participants 7-12 _____	(_____)
<input type="checkbox"/>	2. Voluntary Student Coverage: Plan (<u>Basic</u>) Estimated Total Enrollment in grades PK-12 (No Sports) _____	(_____)
It is agreed and understood that: (applies only to voluntary coverages)		
a. The school will offer coverage to all students in the school system.		
b. Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.		
c. A School Official will complete the School's section of each claim form for school related injuries.		
d. Only one student accident plan will be offered by the district.		

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Applied for by: _____
 Print Name of School Official _____ Phone Number _____ E-mail Address _____
 Signature of School Official _____ Title _____ Date _____
 Agent Signature: _____ Telephone# _____

Administered by:

Stillwater, Minnesota



ZURICH®

2020 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4091 De Zavala Road, Suite 3, San Antonio, TX 78249

Participant Information:

Name of Participating School or District: Crosby ISD

Address: P.O. Box 2009 City: Crosby State: TX ZIP: 77532

Number of Schools Junior High: 1 Senior High: 1

Estimated Number of Students Grades K-8: _____ Grades 9-12: _____

Eligible Classes Junior High: Yes No Senior High: Yes No

____ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football: Yes No

X Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football: Yes No

Benefits:

X Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$10,000,000

X Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)

____ Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See

Premium: Total Premium: \$ 1,560

Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2020
____Month____ Day____ Year____

Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): _____

Signature: _____

Title (print): _____

Date: _____

PLEASE SIGN/RETURN

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.