THE BROKERAGE STORE INC

March 31, 2026

Mr. Robert Heniff
Crosby ISD
P.O. Box 2009
Crosby, TX. 77532

Dear Mr. Heniff,

Thank you for allowing us to work with you and Crosby ISD for this important line of protection for the student athletes and UIL participants of the District. I am presenting this renewal, and have attached a copy of the base and catastrophic plans from Ameritas Life Insurance Co and Zurich American Insurance. We are pleased to tell you that our **Texas Value plan** is your current base plan, and **has modest increase in premium due to the losses.**
I also included optional base plan designs for your consideration.

Some important base plan highlights are:

- Our USAMCO network is one of the largest in Texas, and most Providers are contracted not to balance-bill parents (for the mid and high-end plans). Provider lists are included in bid package. **All Houston area Methodist Facilities will accept as payment in full the TX Value plans for students with no other insurance.**
- We have an arrangement with MedEx/ Don-Joy for any needed athletic braces to be paid in full (Custom braces are also included).
- **Our base plans pay benefits for non-contact injuries and also for negative diagnosis's during evaluation (MRI, CT Scans, etc.)**

Please also review the upgraded catastrophic policy quotes, with a new "Felonious Assault" benefit available. In light of the school violence that happens more frequently in the current environment we operate in, we have additional benefits available to the students and, even Faculty/ Staff/Guests on campus in the event of an assault. Please review this, and call me to discuss adding this benefit to your policy for next year. You'll notice the rates are very affordable, for the NEW benefits available.

This supplemental insurance is very helpful, whether a student has their own health insurance or not-as it pays many medical costs which would otherwise be the parents' responsibility. Thank you again for considering renewing this important policy to protect the students of Crosby ISD. Please review the enclosed information and contact me at your convenience to discuss.
We look forward to hearing from you soon.

Sincerely,

Jeff Johnson

Patrick Flores

4091 DE ZAVALA ROAD ❖ SUITE 3 ❖ SAN ANTONIO, TEXAS 78249
210.366.4800 ❖ 800.366.4810 ❖ FAX 210.366.1388 ❖ www.thebrokeragestore.com

SCHOOL DISTRICT QUOTE

SCHOOL DISTRICT: Crosby ISD AGENT: Jeff DATE: 4.6.26

Number of Schools in District		Junior High: 1	High School: 1
Total Est. # of Students	PK-8th:	9th-12th:	Total:

BASE PREMIUM
(Student Assurance Services)

GROUP UIL RATES

U&C Plan	TX Value Plan	Houstonian Plan	TX Star Plan	TX Budget Plan	
$	$ 49,500	$ 47,000	$ 37,000	$	1 Year Rate
$	$	$	$	$	2 Year Rate
ALL SCHOOL RATES					
$	$	$	$	$	1 Year Rate
$	$	$	$	$	2 Year Rate

CATASTROPHIC PREMIUM
(Zurich)

	CAT ONLY RATE	CASH $500K Benefit	Felonious Assault/ Criminal Act Benefit	TOTAL
UIL RATES	$ 1,326	$ Available	XXXXXXXXXXX	$ 1,326
ALL SCHOOL	$	$	XXXXXXXXXXX	$
*SPORTS PLUS	$	$	$	$
**PREMIER	$	$	$	$

*Minimum Premium: The total combined minimum premium for Catastrophic Coverage is $500

*

The Brokerage Store, Inc. 4091 DeZavala Rd., Suite 3, San Antonio, TX 78249

Office: 210-366-4800 Fax: 210-366-1388 www.thebrokeragestore.com

APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12

THE BROKERAGE STORE

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

Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

SCHOOL/DISTRICT INFORMATION

School/District Crosby ISD DIST. CLASS. _____

Address P.O. Box 2009
Street

City Crosby County _____ State TX Zip 77532

DATE INFORMATION Effective Date 08/01/2026 Termination Date 07/31/2027

_____ 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**

[X] 1. Group UIL Coverage: Plan (Texas Value) $ 49,500

[ ] 2. All School Coverage: Plan (_____)
(Includes UIL Activities)
Enrollment grades PK- 12 ( ) @ $ _____ = $ _____

TOTAL PREMIUM = $ 49,500

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure) **ENROLLMENT FORMS NEEDED**

[ ] 1. Voluntary Sports/UIL Activities Coverage: Plan (**Basic**)
Estimated number of Interscholastic UIL Participants 7-12 _____ (_____)

[ ] 2. Voluntary Student Coverage: Plan (**Basic**)
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:
STUDENT ASSURANCE SERVICES INCORPORATED
Stillwater, Minnesota

2026 Enrollment Form for Catastrophic Coverage

ZURICH®

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: T 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: $ 1,326

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 / 2026
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: _____

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.

THE BROKERAGE STORE, INC.

INVOICE

BILL TO	MAIL TO	
Robert Heniff Crosby ISD P.O. Box 2009 Crosby, TX 77532	The Brokerage Store, Inc. 4091 De Zavala Rd., #3 San Antonio, TX 78249	Invoice Date 4/1/2026 Agent Jeff Johnson

PREMIUMS DUE BY SEPTEMBER 1, 2026

SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
Student/Athletic Accident Insurance						
2026-2027	GROUP UIL	Texas Value				$49,500
	CATASTROPHIC	CAT Only				$1,326
					BALANCE DUE	**$50,826**

Please return the portion below with your payment.

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