



FIRST AGENCY

5071 West H Avenue • Kalamazoo, MI 49009-8501 • Phone: (269) 381-6630 • Fax (269) 492-0084

February, 2022

Mr. Jason Bauer, Superintendent
Pana Community School District #8
PO Box 377
Pana, IL 62557

RE: 2022/2023 Student Insurance Renewal

Dear Mr. Bauer:

Thank you for the opportunity to provide the Guarantee Trust Life Student Accident Insurance renewal for the current 2021/2022 school year at Pana Community School District #8. Enclosed please find a renewal packet, including a coverage brochure and a renewal application for the coming 2022/2023 year. Also enclosed you will find a letter outlining the sign-up process, in hopes of better explaining the student insurance program. As you will notice, the rates are staying the same as the expiring premiums.

To ease the administration of the program, parents can access the brochures via our website (no supplies will be sent to the school). Parents now have the ability to sign up online (with Visa or MasterCard) at www.1stAgency.com and then follow the directions at "Find Your School." The letter included in this packet includes directions and the above link to our website for online enrollment.

To renew the coverage for 2022/2023, simply complete the enclosed renewal application and return it via email (Joe_Block@AJG.com) or in the self-addressed envelope, **along with the Client Authorization to Bind Coverage. We cannot process the renewal without both the completed and signed application and Client Authorization to Bind forms.** We will process the renewal and send out the policy via email later this spring.

Please feel free to contact me with any questions or concerns. We look forward to a continued relationship with your school. Be assured we will provide you with the type of service you both deserve and expect.

Sincerely,

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

Joe Block

JB/tp

Enclosures

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Student Accident Insurance

Name of Policyholder: Pana Community School District #8
Address: 14 E Main St, PO Box 377 Pana IL 62557
Street City State Zip County

Junior/Middle High Schools consist of grades _____ Senior High Schools consist of grades _____

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

Policy Number: 124-125-340-F

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 on _____ and terminates at the end of its season, as determined by the State High School Athletic Association. 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-Tim	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.

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.

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

Authorized Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Please provide an email address to receive supplies electronically: _____

GUARANTEE TRUST LIFE INSURANCE COMPANY
 Glenview, Illinois
 Application For Student Accident Insurance

COPY

Name of Policyholder: Pana Community School District #8
 Address: 14 E Main St PO Box 377 Pana IL 62557 Christian
Street City State Zip County

Junior/Middle High Schools consist of grades 6-8 Senior High Schools consist of grades 9-12

Total District enrollment 860 Please attach a list of all schools in the District.

Policy Number: 124-125-340-E

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 8/09/2021. The termination date shall be 8/09/2022, 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 8/9/2021. 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 on _____ and terminates at the end of its season, as determined by the State High School Athletic Association. 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.

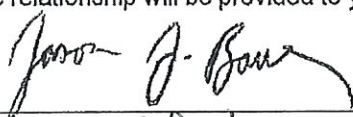
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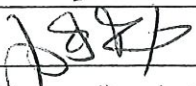
It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

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.

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

Authorized Signature:  Date: 3/15/2021

Agent Signature:  Date: _____

Please provide an email address to receive supplies electronically: _____