



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: June 20, 2018

Purpose: Presentation/Report Recognition Discussion/ Possible Action

Closed/Executive Session Work Session Discussion Only Consent

From: Robert Zamora Jr., Director of Athletics

Item Title: Approve the renewal for student athletic insurance provided by The Brokerage Store.

Description:

The Brokerage Store Athletic Insurance covers all school sponsored and supervised University Interscholastic League activities to include (but not limited to) – basketball, baseball, soccer, cheerleading, interscholastic football, vocational classes, ROTC, etc. This will be the 2nd renewal for the contract and pricing will remain the same as quoted in RFP 2016-11, \$41,764.

This encompasses U.I.L Blanket Student/Athletic Insurance (K-12), Catastrophe Coverage, CAT Cash Coverage and Voluntary Plans.

Recommendation:

To approve the renewal for the student athletic insurance provided by The Brokerage Store.

District Goal/Strategy:

Strategy 5 We will promote and ensure a safe and secure learning environment for all students.

Funding Budget Code and Amount:

199-36-6429-00-XXX-0-91-000

CFO Approval

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

6-14-18

Superintendent:

6-19-2018

THE BROKERAGE STORE, INC.

INVOICE

BILL TO Peggy Gonzalez
South San Antonio ISD
5622 Ray Ellison Blvd.
San Antonio, TX 78242

MAIL TO The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231

Invoice Date 4/25/2018
Agent Roger Byers

PREMIUMS DUE BY SEPTEMBER 1, 2018

SCHOOL YEAR:	COVERAGE:	PLAN:			TOTAL:
Student/Athletic Accident Insurance					
2018-2019	GROUP UIL	Texas Value			\$39,000
	CATASTROPHIC	CAT Only			\$2,764
					BALANCE DUE
					\$41,764

2 YEAR RATE GUARANTEE

Please return the portion below with your payment.

REMITTANCE

Customer	South San Antonio ISD
Amount Enclosed	\$

Make check payable to:
The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231

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
4114 Pond Hill Road, Suite 100 • San Antonio, TX 78231

2 YEAR RATE GUARANTEE

Underwritten by



National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

SCHOOL/DISTRICT INFORMATION

School/District South San Antonio ISD DIST. CLASS.

Address 5622 Ray Ellison Blvd. Street

City San Antonio County State TX Zip 78242

DATE INFORMATION

Effective Date 08/01/2018 Termination Date 07/31/2019

1st Day of School Last Day of School 1st Day of Football Practice

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

Table with 2 columns: A: GROUP COVERAGES and PREMIUMS. Row 1: Group UIL Coverage: Plan (Texas Value) \$ 39,000. Row 2: All School Coverage: Plan (Includes UIL Activities) Enrollment grades PK- 12 () @ \$ = \$. Row 3: TOTAL PREMIUM = \$ 39,000.

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

Table with 2 columns: B: VOLUNTARY COVERAGES: (See Brochure) and ENROLLMENT FORMS NEEDED. Row 1: Voluntary Sports/UIL Activities Coverage: Plan (Basic) Estimated number of Interscholastic UIL Participants 7-12 (). Row 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:



Stillwater, Minnesota



ZURICH®

2018 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4114 Pond Hill Road, Suite 100, San Antonio, TX 78231

Participant Information:

Name of Participating School or District: South San Antonio ISD

Address: 5622 Ray Ellison Blvd. City: San Antonio State: TX ZIP: 78242

Number of Schools Junior High: 3 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

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:

Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$7,500,000

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

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

Rates: See

Premium: Total Premium: \$ 2,764

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 / 2018
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.