S & S Consolidated Independent School District



Student Athletic Insurance Renewal for the 2011-2012 School Year

This year the student insurance plans are underwritten as follows:

Blanket Plan Coverage - Fidelity Security Life Insurance Company (A- rated by AM Best) \$25,000 Maximum

Catastrophic Coverage - Zurich American Insurance Company, (A rated by AM Best) \$25,000 Deductible Per Injury; \$6,000,000 Maximum

	2010-2011	2011-2012
Plan Coverages:	Premium	Premium
Blanket: Lone Star All School	\$17,835.00	\$17,835.00
Catastrophic	\$1,284.00	\$1,284.00
Vocational	Included	Included
Field Trips	Included	Included
Power Lifting	Included	Included
Texas Kids First Provider Network (Full Assignment)	Included	Included
Texas True Choice - PPO Network	Included	Included
Total	\$19,119.00	\$19,119.00

Please note that the students will have access to the Texas Kids First Provider Network of medical providers who accept our athletic insurance plans on full assignment. They will also have access to the Texas True Choice PPO Network of providers who offer extensive medical discounts.

For acceptance of the above 2011-2012 renewal, please sign below and the attached documents. You may fax this agreement back to us as (940)566-0985. Please mail the Originals to: Texas Kids First, 2524 Lillian Miller Pkwy. #115, Denton, TX 76210.

Hank Cooper	
Texas Kids First	
Proposal Accepted By:	
Print Name & Title	
Signature	Date

2011-2012 Application for K-12 Blanket Athletics and Activities Accident Insurance



FIDELITY SECURITY LIFE INSURANCE COMPANY

GENERAL INFORMATION					
School/District S & S Consolidated Independent School Dist					_
Address P.O. Box 837		-7-12-16-2			
City Sadler	State Texas Zip 76264 County Grayson				
Telephone: (903) 564 - 6051	Celephone: (903) 564 - 6051 Fax: (903) 564 - 3492				
Policy Effective Date: 08/01/2011 1st Day of Football Practice: 8/01/2011					
ENRO	OLLMENT I	DATA			
Student Enrollment: Grades K -8 600	Grades	9-12 250	Secretario de la constanta de		
Number of High Schools in District: 1					
Texas Kids First Plan Selection		Plan Design			
One plan selection per application only. If additional plans are desired please submit with a new application.	Lone Star Custom	Lone Star Advantage	Lone Star	Interscholastic Football Rider	Premium
All School Activities and Athletics				Circle One Yes No	\$ <u>17.835.00</u>
All Interscholastic Athletics and Activities				Yes No	\$
All Interscholastic Athletics				Yes No	\$
All School Activities Excluding Athletics				N/A	\$
AUTHORIZED SIGNATURES					
School Official Name (print): Robert Stoeber					
School Official Title (print): Superintendent					
School Official Signature: Date					
Agent Name (print): Hank Cooper					
Agent Signature: Date:					
Return to: Legend Insurance Agency, LLC 2524 Lillian Miller Parkway, # 115 Denton, TX 76210 Phone: 940-566-2063 Fax: 940-566-0985					

A-01097



2011 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

Bene-Marc Inc., 6301 Southwest Blvd., Suite 101, Fort Worth, TX 76132, 817-738-6899.

Participant Information:		
Name of Participating School or District S & S CISD		
Address P.O. Box 837	ity: Sadler	State: TX ZIP. 76264
Number of Schools Junior High: 1	Senior High: 1	
Estimated Number of Students Grades K-8: 600 G	rades 9-12 250	
Eligible Classes Junior High: Yes No	Senior High: Yes No	
Class I: All enrolled Students of the School or School Distribution student trainers and student managers). Football: Y	무슨 사람이 있다면 가장 아무리 보면 하지만 하는 것이 되었다. 그렇게 되었다면 하는 것이 없어 없는 것이 없다면 하는데 없다	s (includes student coaches,
Class II: All enrolled Students of the School or School Dist activities, including intramural and interscholastic sports, su coaches, student trainers and student managers. Coverage practice sessions. Football: () Yes () No	uch as football, band members, chee	rleaders, majorettes, student
Benefits		
A ccident Medical Expense (AME) Benefit Amount - Excess Co A ccidental Death & Dismemberment (AD&D) (\$10,000 Death Catastrophic Cash Benefit (Maximum Benefit Amount \$500,0) Rates See page 2	n, \$20,000 Dismemberment)	
Premium: Total Premium: \$ 1,284.00		
Requested Effective Date: The Effective Date will be the requested dates assuming We have acceptance of the enrollment form or the enrollment form is not re the date We accept the Enrollment Form. The Expiration Date of the Month OB / O1 / 2011 Month Day Year	eceived prior to the requested effective	e date, the Effective Date will be
Approval for Enrollment		
The authorized signer of this application represents to the best of are true and include all material information. Signing of this applicationsurance, but it is agreed this questionnaire and any attachments to	tion does not bind Zurich to offer nor	the authorized signer to accept
Officer's Name (print): Robert Stoeber	Signature:	
Title (print): Superintendent	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.

	AMI	and AD&D	Catas	strophe Crash
	All Sports	All Sports X Football	All Sports	All Sports X Football
		Class I		Class I
K-6 or K-8	\$0.94	\$0.50	\$0.40	\$0.35
7 or 9-12	\$2.88	\$1.50	\$1.56	\$1.13
	2	Class II		Class II
Senior High	\$1,418.00	\$706.00	\$644.00	\$454.00
Junior High	\$741.00	\$319.00	\$325.00	\$230.00
Additional Junior	\$354.00	\$174.00	\$176.00	\$129.00