

2013-2014

**Application for K-12 Blanket Athletics  
and Activities Accident Insurance**



**UNIFIED LIFE INSURANCE COMPANY**

**GENERAL INFORMATION**

School/District: West Orange Cove CISD  
 Address: 505 North 15th Street  
 City: Orange State: TX Zip: 77631 County: Orange  
 Telephone: (409) 882-5444 Fax: (409) 882-5452  
 Policy Effective Date: 8/01/2013 1st Day of Football Practice: 8/05/2013

**ENROLLMENT DATA**

Student Enrollment: Grades K - 8 \_\_\_\_\_ Grades 9 - 12 \_\_\_\_\_  
 Number of High Schools in District: \_\_\_\_\_

Deductible: \$0 \_\_\_\_\_

Texas Kids First Plan Selection <i>One plan selection per application only. If additional plans are desired, please submit with a new application.</i>	Plan Design			Interscholastic Football Rider	Premium
	Lone Star Custom	Lone Star Advantage	Lone Star		
<input checked="" type="checkbox"/> All School Activities and Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Circle One Yes No	\$ <u>19,500.00</u>
<input type="checkbox"/> All Interscholastic Athletics and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
<input type="checkbox"/> All Interscholastic Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
<input type="checkbox"/> All School Activities Excluding Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____
<input type="checkbox"/> Interscholastic Football Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 may be a crime and may subject such person to criminal and civil penalties.

**AUTHORIZED SIGNATURES**

School Official Name (print): \_\_\_\_\_  
 School Official Title (print): \_\_\_\_\_  
 School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agent Name (print): Mel Thomas  
 Agent Signature: *Mel Thomas* Date: \_\_\_\_\_

Return to:  
 Legend Insurance Agency, L.L.C  
 13931 Quail Pointe Drive  
 Oklahoma City, OK 73134  
 Phone: 800-366-8354 Fax: 405-608-0167

For Office Use Only:



**ZURICH**<sup>®</sup>

# 2013 Enrollment Form for Catastrophic Coverage Underwritten by Zurich

LEGEND INSURANCE AGENCY LLC, 13931 QUAIL POINTE DR, OKLAHOMA CITY, OK 73134;  
PHONE 800-366-8354

## Participant Information:

Name of Participating School or District: West Orange Cove CISD

Address: 505 North 15th Street City: Orange State: TX Zip: 77631

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

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

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

Premium: Total Premium: \$ 2,268.00

## 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 / 2013  
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.

*Mel Thomas*