

Invoice - Application

Date: 3/30/2012

The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231
210-366-4800
Fax: 210-366-1388



To:
Beeville ISD
201 N. St. Mary's
Beeville, TX 78102

Local Agent:
Jeff Johnson
The Brokerage Store, Inc.
4114 Pond Hill Rd., #100
San Antonio, TX 78231

PREMIUMS DUE BY SEPTEMBER 1ST

	DESCRIPTION	UNIT PRICE	TOTAL
	STUDENT ACCIDENT COVERAGE:		
	2012-2013 Texas Star Plan		\$ 22,400
	Catastrophe Coverage + CAT Cash \$500K	\$1,560 \$ 708	\$ 2,268
**ADDITIONAL COMMENTS OR INSTRUCTIONS			
SUBTOTAL			
TOTAL DUE			\$ 24,668

**Second Year of a
Two Year Rate
Guarantee**

- Please make Student Accident coverage check payable to: **The Brokerage Store, Inc.**
- Please make Catastrophe coverage check payable to: **The Brokerage Store, Inc.**
- Please remit check to The Brokerage Store in the enclosed envelope.

THANK YOU FOR YOUR BUSINESS!



Renewal Rates 2012-13

DATE: 3/8/12

School District: Beeville ISD

Agent: Johnson

Current Base Plan	<u>Star Plan</u>	Current Rate	\$ 22,400
		2012-2013 Rate	<u>\$ 22,400</u>

UIL X
ALL SCHOOL

Current CAT Plan	<u>CAT/Cash</u>	Current Rate	\$ 2,062
		2012-2013 Rate	<u>\$ 2,268</u>

UIL X
ALL SCHOOL

**These rates are based on the existing plan for both
the Student/Athletic Accident Insurance and the
existing catastrophe/cash benefit.*

NOTES:

U.I.L. ONLY

ENROLLMENT 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

Second Year of a Two Year Rate Guarantee

Underwritten By:
COLUMBIAN LIFE INSURANCE COMPANY
Home Office: Chicago, IL
Administrative Service Office:
Student Assurance Services, Inc.
Stillwater, MN 55082-0196

SCHOOL/DISTRICT INFORMATION

School/District Beeville ISD DIST. CLASS. _____

Address 201 N. St. Mary's

City Beeville Street County _____ State TX Zip 78102

DATE INFORMATION

Effective Date 08/01/2012 Termination Date 07/31/2013

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

- | | | |
|-------------------------------------|--|---------------------------|
| <input checked="" type="checkbox"/> | 1. Group UIL Coverage: Plan (<u>Texas Star Plan</u>) | \$ <u>22,400</u> |
| <input type="checkbox"/> | 2. All School Coverages : Plan (_____)
(Includes UIL Activities)
Enrollment grades PK- 12 (_____) @ \$ _____ = | \$ _____ |
| TOTAL PREMIUM | | = \$ <u>22,400</u> |

UIL ONLY

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure)

ENROLLMENT FORMS NEEDED

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | 1. Voluntary Sports/UIL Activities Coverage: Plan (<u>Basic</u>)
Estimated number of Interscholastic UIL Participants 7-12 _____ | (_____) |
| <input type="checkbox"/> | 2. VOLUNTARY STUDENT COVERAGE: Plan (<u>Basic</u>)
Estimated Total Enrollment in grades PK-12 (No Sports) | (_____) |

It is agreed and understood that: (applies only to voluntary coverages)

- the school will offer coverage to all students in the school system.
- Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
- a School Official will complete the School's section of each claim form for school related injuries.
- only one student accident plan will be offered by the district.

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



2012 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: Beeville ISD

Address: 201 N. St. Mary's City: Beeville State: TX ZIP: 78102

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

☒ 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 page 2.

Premium: Total Premium: \$ 2,268

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 / 2012
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.