

# THE BROKERAGE STORE, INC.

INVOICE

BILL  
TO

La Vernia ISD  
13600 US Hwy 87 W  
La Vernia, TX 78121

MAIL  
TO

The Brokerage Store, Inc.  
4091 De Zavala Rd., #3  
San Antonio, TX 78249

Invoice Date 3/11/2025

Agent Paul Fisher

## PREMIUMS DUE BY SEPTEMBER 1, 2025

SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
<b>Student/Athletic Accident Insurance</b>						
2025-2026	GROUP UIL	Houstonian				\$40,000
	CATASTROPHIC	CAT Only			\$1,560	
		\$500K Cash Benefit			\$708	\$2,268
					<b>BALANCE DUE</b>	<b>\$42,268</b>

Please return the portion below with your payment.

## REMITTANCE

Customer	La Vernia ISD
Amount Enclosed	\$

Make check payable to:  
**The Brokerage Store, Inc.**  
4091 De Zavala Rd., Suite 3  
San Antonio, TX 78249

PHONE (210)366-4800  
FAX (210)366-1388  
E-MAIL rochelle@thebrokeragestore.com  
WEB SITE www.thebrokeragestore.com



Send completed form to:  
The Brokerage Store  
4091 De Zavala Rd., Suite 3 San Antonio, TX 78249

Underwritten by

**Ameritas**  
Ameritas Life Insurance Corp.  
Lincoln, Nebraska

### SCHOOL/DISTRICT INFORMATION

School/District La Vernia ISD DIST. CLASS. \_\_\_\_\_  
Address 13600 US Hwy 87 W  
City La Vernia County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DATE INFORMATION** Effective Date 08/01/2025 Termination Date 07/31/2026  
\_\_\_\_\_ 1st Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_ 1st Day of Football Practice \_\_\_\_\_

### **SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

<input checked="" type="checkbox"/> <b>A: GROUP COVERAGES</b>	<b>PREMIUMS</b>
1. Group UIL Coverage: Plan ( <u>Houstonian</u> )	\$ <u>40,000</u>
<input type="checkbox"/> 2. All School Coverage: Plan ( _____ ) (Includes UIL Activities)	
Enrollment grades PK- 12 ( _____ ) @ \$ _____ =	\$ _____
<b>TOTAL PREMIUM</b>	<b>= \$ <u>40,000</u></b>

### **SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

<input type="checkbox"/> <b>B: VOLUNTARY COVERAGES: (See Brochure)</b>	<b>ENROLLMENT FORMS NEEDED</b>
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**)

- 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: Dr. Freeman Hensley Cone 830-779-6600 hccone@lvisd.org  
\_\_\_\_\_ Print Name of School Official \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
☒ \_\_\_\_\_ Superintendent \_\_\_\_\_ ☒ \_\_\_\_\_  
\_\_\_\_\_ Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Agent Signature: [Signature] Telephone# 800-366-4810

Administered by:





# 2025 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4091 De Zavala Rd., Suite 3, San Antonio, TX 78249

## Participant Information:

Name of Participating School or District: La Vernia ISD

Address: 13600 U.S. Hwy 87 West City: La Vernia State: T ZIP: 78121

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 Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$10,000,000

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

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

Rates: See .....

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 / 2025  
\_\_\_\_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): Dr. Freeman Hensley Cone Signature: X

Title (print): Superintendent Date: X

## 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.

## Texas Houstonian Plan

### MEDICAL BENEFITS

When injury covered by this policy results in treatment by a licensed Physician within 180 days from the date of injury, the Company will pay the Usual and Customary expenses incurred for necessary covered services and supplies as listed below, for expenses actually incurred within one year from the date of injury up to a **Maximum Medical Benefit of \$25,000 per injury**. This policy will pay benefits only after all other valid and collectible coverage has been paid.

**All Amounts Listed Below are Per Injury**

<b>A. INPATIENT BENEFITS</b> 1. Hospital Room and Board ..... 2. Intensive Care (in lieu of Hospital Room and Board) ..... 3. Hospital Miscellaneous Services (all charges except Room & Board) ..... 4. Physician's Non-Surgical Visits (other than physical therapy; not paid day of surgery) ..... 5. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... 6. X-ray and Radiology Services ..... 7. Registered Nurse .....	<b>TEXAS HOUSTONIAN</b> Semi-private Room charge 1.5 X Semi-private Room charge Up to \$1,000 per day; maximum \$5,000 Up to \$30 per visit, maximum 10 visits  Included in Hospital Miscellaneous Benefit Included in Hospital Miscellaneous Benefit U&C charges		
<b>B. OUTPATIENT SURGERY BENEFITS</b> 1. Day Surgery (facility charge) Room supplies and all other expenses for outpatient surgery .....	U&C, up to \$1,750		
<b>C. OTHER OUTPATIENT BENEFITS</b> 1. Hospital Emergency Room Charges ..... 2. X-ray and Radiology Services ..... 3. Diagnostic Imaging (includes CAT scans, MRI and bone scans) ..... 4. Laboratory Services ..... 5. Physician's Non-Surgical Visits (not paid day of surgery) (includes tele-health visits) ..... 6. Physician's Non-Surgical Visits (treatment for concussion) (includes tele-health visits) ..... 7. Emergency Room Physician's Non-Surgical Care (other than concussion) ..... 8. Orthopedic Appliances (when prescribed by a physician for healing) ..... 9. Shots and Injections (within 24 hours of an injury) ..... 10. Prescription Drugs ..... 11. Physiotherapy (includes whirlpool, diathermy, EMS, massage, manipulation or adjustments in any form, and/or office visits connected therewith) ..... 12. Ambulance Service (air or ground) ..... 13. Eyeglass Replacement (if medical treatment is also received for a covered injury) ..... 14. Durable Medical Equipment (post-surgical only) .....	U&C, up to \$300 U&C, up to \$250; \$50 for reading U&C, up to \$700; \$50 for reading U&C, up to \$100 \$50 per visit, maximum 10 visits \$100 per visit, first 2 visits; then paid \$50 per visit, up to 10 additional visits U&C, up to \$150 U&C, up to \$500 U&C, up to \$50 U&C, up to \$50 U&C, up to \$50 per visit, maximum 10 visits U&C, up to \$1,000 U&C, up to \$100 U&C, up to \$150		
<b>D. OTHER PHYSICIAN SERVICES</b> 1. Dental Treatment (in lieu of all other medical benefits, including x-rays of sound and natural teeth) ..... 2. Physician's Surgical Care (Inpatient or Outpatient) Only one procedure will be allowed (the highest scheduled) when multiple procedures are performed through the same incision or in immediate succession. .... 3. Assistant Surgeon Charges (Inpatient or Outpatient) ..... 4. Anesthesia Charges (Inpatient or Outpatient) .....	U&C, up to \$1,000  U&C, up to \$2,500 25% of Surgery Allowance 25% of Surgery Allowance		
<b>E. MOTOR VEHICLE INJURY</b> .....	U&C, up to \$1,000, as scheduled above		
<b>F. OTHER BENEFITS</b> - Heat Stroke and Heat Exhaustion will be covered as any other accident.			
<b>G. FIELD TRIP COVERAGE</b> - All students will be covered for one day field trips, with no overnight stay. Basic benefits apply for up to \$2,000 per injury.			
<b>H. ACCIDENTAL DEATH AND DISMEMBERMENT</b> - When injury covered by this policy results in Accidental Death or Dismemberment within 180 days from the date of accident, the following benefits will be payable.			
Loss of Life	\$ 2,500	Double Dismemberment	\$10,000
Loss of an Eye	\$ 2,000	Single Dismemberment	\$ 2,000

For specific costs and further details of the coverage, including exclusions, reductions or limitations, and the terms under which the policy may be continued in force, see your agent or write the Company. The amount of benefits provided depends upon the plan selected and the premium will vary with the amount