

2021-2022
Application for K-12 Blanket
Athletics and Activities
Accident Insurance

NATIONAL HEALTH INSURANCE COMPANY
P.O. Box 619999
Dallas, TX 75261-6199

GENERAL INFORMATION

School/District Ector County ISD
 Address P.O. Box 3912
 City Odessa State TX Zip 79760 County Ector
 Telephone: (432) 456-0002 Fax: _____
Policy Effective Date: 08/01/2021 **1st Day of Football Practice:** _____

ENROLLMENT DATA

Student Enrollment: Grades K -8 25,600 Grades 9-12 7,600
Number of High Schools in District: 2 **Number of Junior High/Middle Schools in District:** 6

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	Lone Star 2	Lone Star 3	Lone Star Special		
All School Activities and Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circle One Yes No	\$ _____
All Interscholastic Athletics and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ <u>108,000</u>
All Interscholastic Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
All School Activities Excluding Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$ _____

Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AUTHORIZED SIGNATURES

School Official Name (print): _____
 School Official Title (print): _____
 School Official Signature: _____ Date _____
 Agent Name (print): _____
 Agent Signature: _____ Date: _____

Return to:

Legend Insurance Agency
 13931 Quail Pointe Drive
 Oklahoma City, OK 73134

For Office Use Only:



Great American Student Accident & Health 2021 Application for Catastrophic Coverage

Legend Insurance Agency, 13931 Quail Pointe Drive, Oklahoma City, OK 73134

New Renewal

Requested Effective Date of Coverage: 8/01/2021 Quote Date: _____

School or District Name: Ector County ISD

Address: P.O. Box 3912 City: Odessa State: TX Zip: 79760

Number of Schools: Junior High: 6 Senior High: 2

Estimated Number of Students (per grade): Grades K-8: 25,600 Grades 9-12: 7,600

Eligible Classes: Junior High: Yes Senior High: Yes

Class I: All registered 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 registered 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

Desired Benefits:

- Accident Medical Expense: \$10,000,000 Maximum Benefit
(Excess Coverage)
- Accidental Death: \$ 10,000 Maximum Benefit
- Accidental Dismemberment: \$ 20,000 Maximum Benefit
- Catastrophic Cash Benefit: \$100,000 Maximum Benefit
- Upgraded Catastrophic Cash Benefit: \$500,000 Maximum Benefit

Premium: \$ 7,456.00

I hereby acknowledge that all answers and statements contained on this form and any attachments are complete and accurate. I also understand that no coverage will become effective until the application has been approved by the Company.

Official's Name (print): _____ Signature: _____

Title (print): _____ Date: _____