



Accident & Health

Great American Student Accident & Health 2019 Application for Catastrophic Coverage

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

New Renewal

Requested Effective Date of Coverage: 8/01/2019 Quote Date: 06-24-19

School or District Name: Crockett County CCSD

Address: P.O. Box 400 City: Ozona State: TX Zip: 76943

Number of Schools: Junior High: 1 Senior High: 1

Estimated Number of Students (per grade): Grades K-8: 618 Grades 9-12: 198

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: \$ 1,882.86

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): PAUL CHAVARRIA Signature: [Signature]

Title (print): SUPERINTENDENT Date: 7-1-19

2019-2020

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



GENERAL INFORMATION

School/District: Crockett County CCSD
 Address: P.O. Box 400
 City: Ozona State: TX Zip: 76943 County: Crockett
 Telephone: (325) 392-5501 Fax: (325) 392-5177
 Policy Effective Date: 8/01/2019 1st Day of Football Practice: Aug. 5, 2019

ENROLLMENT DATA

Student Enrollment: Grades K - 8 618 Grades 9 - 12 198
 Number of High Schools in District: 1 Number of Junior High/Middle Schools in District: 1

Deductible: \$0

Texas Kids First Plan Selection

One plan selection per application only. If additional plans are desired, please submit with a new application.

	Lone Star	Lone Star 2	Lone Star 3	Lone Star Special	Interscholastic Football Rider	Premium
All School Activities and Athletics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circle One Yes No	\$ <u>22,040.00</u>
All Interscholastic Athletics and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes No	\$ _____
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	\$ _____
Interscholastic Football Only	<input type="checkbox"/>	<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's Name (print): PAUL CHAVARRIA
 School Official's Title (print): SUPERINTENDENT
 School Official's Signature: [Signature] Date: 7-1-19
 Agent's Name (print): KITA B. ARNOLD
 Agent's Signature: [Signature] Date: 06-24-19

Return to:
 Arnold & Associates Insurance Services
 8918 York Place
 Lubbock, TX 79424
 Phone: (806) 748-0488 Fax: (806) 748-8177

For Office Use Only:
ISSUE INVOICE
July