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 *One plan selection per application only. If additional plans are desired, please submit with a new application.*	Plan Design Lone Star Custom	Lone Star Advantage	Lone Star	Interscholastic Football Rider Circle One	Premium
[X] All School Activities and Athletics	[ ]	[ ]	[X]	Yes No	$ 19,500.00
[ ] All Interscholastic Athletics and Activities	[ ]	[ ]	[ ]	Yes No	$
[ ] All Interscholastic Athletics	[ ]	[ ]	[ ]	Yes No	$
[ ] All School Activities Excluding Athletics	[ ]	[ ]	[ ]	N/A	$
[ ] Interscholastic Football Only	[ ]	[ ]	[ ]	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:

2013 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

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 Accident 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:

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Mel Thomas