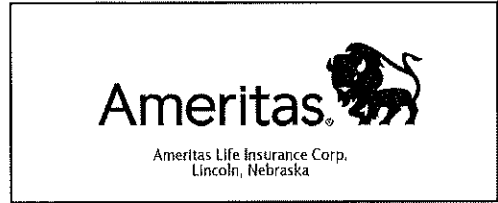


APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12



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

**2 YEAR RATE
GUARANTEE**



SCHOOL/DISTRICT INFORMATION

School/District Gregory-Portland ISD DIST. CLASS. _____
Address 1200 Broadway Blvd
City Portland County _____ State TX Zip 78374

DATE INFORMATION Effective Date 08/01/2022 Termination Date 07/31/2023
_____ 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 type="checkbox"/>	1. Group UIL Coverage: Plan (_____)	\$ _____
<input checked="" type="checkbox"/>	2. All School Coverage: Plan (<u>Texas Value</u>) (Includes UIL Activities) Enrollment grades PK- 12 (_____) @ \$ _____ =	\$43,000
TOTAL PREMIUM		\$ 43,000

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)
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: Michelle Cavazos (361) 777-1091 X-1039 CCAJAREZ@9-pisd.org
Print Name of School Official Phone Number E-mail Address
mmcajavos 8/1/2022
Signature of School Official Title Date
 Agent Signature: _____ Telephone# _____





ZURICH®

2022 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

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

Participant Information:

Name of Participating School or District: Gregory-Portland ISD

Address: 1200 Broadway Blvd City: Portland State: TX ZIP: 78374

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 \$10,000,000

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

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

Rates: See

Premium: Total Premium: \$ 1,928

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 / 2022
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): Michelle CAVAZOS

Signature: *Michelle Cavazos*

Title (print): Superintendent

Date: 8/1/2022

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.

THE BROKERAGE STORE, INC.

INVOICE

BILL TO
Gregory-Portland ISD
1200 Broadway Blvd
Portland, TX 78374

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

Invoice Date **7/26/2022**

Agent **Jeff Johnson**

PREMIUMS DUE BY SEPTEMBER 1, 2022

SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
Student/Athletic Accident Insurance						
2022-2023	GROUP UIL	Texas Value				\$43,000
	CATASTROPHIC	CAT Only			\$1,326	
		\$500K Cash Benefit			\$602	\$1,928
					BALANCE DUE	\$44,928

2 YEAR RATE GUARANTEE

Please return the portion below with your payment.

Customer	Gregory-Portland ISD
Amount Enclosed	\$

REMITTANCE

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

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