GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Blanket Student Accident Insurance

Address:						
Street Junior/Middle High Schools consist of grades Total District enrollment:			Senior High Schools consist of grades Please attach a list of all schools in the District.			
Policy Number:	344-00P	_				
STUDENT ACCIDE Coverage shall become vent prior to the first which is the opening outlined in the Master	me effective on the day of school, whice day of the following	ch is	The termin	ation date sh	all be	
For interscholastic sp practice, which is by the State High Sch	Cove	rage for each indivi	f school, coverage l dual sport terminate	pegins on the	e first day of t of its season	the earliest , as determined
FOOTBALL ONL' Interscholastic Footba on December 31st of become effective on to postmarked not later received at a later da	all Only Accident Co the same year. Spo the date the premiu than three days afto	overage becomes e ring Practice begins m is paid, provided er coverage is to be	effective at 12:01 a.rs on Eac the Company receive effective. In the ev	m. on h individual's ves the name ent that the n	and expire football cove and premiu	es at 11:59 p.m. erage shall ım in an envelope
It is understood and a Accident Coverage is						less Student
The Student Accide	nt Insurance Policy	will cover those stu	udents who pay the	required prer	mium as sho	wn below:
COVERAGE	<u>GRADES</u>	PREMIUMS	COVERAGE		DES 10	PREMIUMS
	K-6	Low / High \$79 \$158	Football Only Per Player			Low / High \$129 \$258
24-Hour	IX-0		•			
	7-12	\$91 \$182	_	9 if play		
24-Hour School-Time		\$91 \$182 \$23 \$46 \$37 \$74		gracticii grades	ng with	
School-Time It is agreed that any cattending, playing, or Any person who, with	7-12 K-6 7-12 claim form presente practicing, or attended intent to defraud or	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stu knowing that he is fa	udent of the Policyhacilitating a fraud aga	practici grades e claimant wa older.	ng with 10-12) as actually in	
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that fo	7-12 K-6 7-12 claim form presente practicing, or attended intent to defraud or g a false or deceptive	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stu knowing that he is face statement is guilty	udent of the Policyh acilitating a fraud aga of insurance fraud.	practicii grades e claimant wa older. ainst an insure	ng with 10-12) as actually in er, submits ar	application or
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that fo requested.	7-12 K-6 7-12 claim form presente practicing, or attenting intent to defraud or g a false or deceptive rm our insurance re	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stucknowing that he is fact a statement is guilty elationship will be pro-	udent of the Policyh acilitating a fraud aga of insurance fraud. rovided to you in ele	practicii grades e claimant wa older. ainst an insure ectronic forma	ng with 10-12) as actually in er, submits ar at, unless oth	application or nerwise
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that for requested. Authorized Signature	7-12 K-6 7-12 claim form presente practicing, or attender intent to defraud or g a false or deceptive rm our insurance received:	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stu- knowing that he is fa e statement is guilty elationship will be po	udent of the Policyh acilitating a fraud aga of insurance fraud. rovided to you in ele	practicii grades e claimant wa older. ainst an insure ectronic forma Date:	ng with 10-12) as actually in er, submits ar at, unless oth	application or nerwise
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that for requested. Authorized Signature Agent Signature: Ship supplies to add	7-12 K-6 7-12 claim form presente practicing, or attention intent to defraud or a false or deceptive rm our insurance rectangle.	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a str knowing that he is fact e statement is guilty elationship will be pro-	udent of the Policyh acilitating a fraud aga of insurance fraud. rovided to you in ele	practicii grades e claimant wa older. ainst an insure ectronic forma Date: Date:	ng with 10-12) as actually in er, submits an	application or nerwise
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that for equested. Authorized Signature: Ship supplies to add Street Address:	7-12 K-6 7-12 claim form presente practicing, or attenting a false or deceptive rm our insurance rectangle.	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stu- knowing that he is fact e statement is guilty elationship will be pre-	udent of the Policyh acilitating a fraud aga of insurance fraud. rovided to you in ele	practicii grades e claimant wa older. ainst an insure ectronic forma Date: Date:	ng with 10-12) as actually in er, submits ar at, unless oth	application or nerwise
School-Time It is agreed that any cattending, playing, or Any person who, with files a claim containing All documents that for requested. Authorized Signature Agent Signature: Ship supplies to add	7-12 K-6 7-12 claim form presente practicing, or attenting a false or deceptive rm our insurance rectangle.	\$23 \$46 \$37 \$74 d by the Policyhold ding school as a stu- knowing that he is fact e statement is guilty elationship will be pre-	udent of the Policyh acilitating a fraud aga of insurance fraud. rovided to you in ele	practicii grades e claimant wa older. ainst an insure ectronic forma Date: Date:	ng with 10-12) as actually in er, submits ar at, unless oth	application or nerwise

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