

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for
Sacred Heart of Ville Platte

Bollinger Contact:	Michael W. Chymiy	Proposal Type:	Renewal
Phone Number:	1-800-350-8005, Ext. 8025	Proposal #:	039208
Carrier:	Guarantee Trust Life	Policy #:	To Be Assigned
Plan Year:	2018-2019	Effective Date:	08/01/18
Broker Name:	Regions Insurance	Expiration Date:	07/31/19

Voluntary Student Coverage Including Interscholastic Athletics & Football

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible	Ded. Type
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Voluntary Students	Plan 1	\$25,000	1 Year	Excess	\$0	
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The Voluntary Plan is purchased on an individual basis by students. See rates below.

Voluntary Student Plan Rates

<u>Grade</u>	<u>Schooltime</u>	<u>24-Hour</u>	<u>Football Only</u>
K-12	\$80.00	\$138.00	\$200.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ ***Title:*** _____ ***Date:*** _____

To renew coverage, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Michael_Chymiy@ajg.com.

Bollinger Specialty Group
Student Accident Contact and Enrollment Information Form

Sacred Heart of Ville Platte

Contact Information

This form must be signed and returned with your signed acceptance.

School

Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email Address _____

Broker

Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email Address _____

Enrollment Information

Please verify that enrollment information is correct. Indicate changes where necessary. Thank you for your cooperation.

Enrollment by School

School Name

Sacred Heart of Ville Platte

Enrollment

587

Indicate Changes

Total District Enrollment:

587

Accepted: _____

Title: _____

Date: _____