



UNITED STATES FIRE INSURANCE COMPANY
 Administrative Office: 5 Christopher Way, 3rd Floor, Eatontown, NJ 07724

PARTICIPATING ORGANIZATION APPLICATION

This is an application for **ACCIDENT ONLY INSURANCE** on policy form GAC26932. It is based on the following statements, and representations.

GROUP POLICY NO: AH-GA26932-012

NEW:

REVISION:

PARTICIPATING ORGANIZATION NO: Interscholastic Sports Accident
Voluntary Student Accident
Catastrophic Accident

1. PARTICIPATING ORGANIZATION: Southern Lehigh School District
Address: 5775 Main St
Center Valley, PA 18034
Type of business or organization: K-12 School District
Coverage for subsidiaries: NO: YES; attach list.

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

2. REQUESTED EFFECTIVE DATE: Interscholastic Sports 7/1/16
Voluntary Student Accident 7/1/16
Catastrophic Accident 7/1/16

3. A. CLASS	BASE PLAN	NUMBER ELIGIBLE
DESCRIPTION		
1	Students and Student Athletes Plan 1 Primary Excess \$100	
2	Voluntary Student Accident PA-CB Primary Excess \$100	
3	Catastrophic Accident	

B. Referenced dates applicable to Effective Dates, Termination Dates, and Changes for Base Plan coverages will be: The date the event occurs.
 The first day of the day of the month on or after the event occurs.
 Other:

C. CLASS	DESCRIPTION OF HAZARDS
1	Interscholastic Sports and Football, Lacrosse, Ice Hockey, Band, Cheerleading, Dance and Color Guard, Intramurals and Gym Classes
2	Students purchasing the voluntary student accident coverage excluding sports
3	Interscholastic Sports and Football, Lacrosse, Ice Hockey, Band, Cheerleading, Dance and Color Guard, Intramurals and Gym Classes

D. CLASS	DESCRIPTION OF BENEFITS
1	Accident Medical Benefits Sports - Medical Maximum \$25,000, Expanded Medical Benefit, Benefit Period 2 years,
2	Accident Medical Benefits Voluntary - Medical Maximum \$250,000, Benefit Period 1 year
3	Catastrophic Accident - Medical Maximum \$1,000,000 2 years, \$25,000 Deductible

E. CLASS	PRINCIPAL SUM
1 and 3	Interscholastic Sports \$10,000 Death / \$20,000 Double Dismemberment
2	Voluntary Student Accident \$2,500 Death / \$20,000 Double Dismemberment

AGGREGATE LIMIT OF LIABILITY: AD & D Sports \$500,000

Class	<input type="checkbox"/> Monthly Rate	<input type="checkbox"/> Other Rate	Rates per \$	per person, by Class: Class	Rate
1		Interscholastic Sports Annual Premium \$19,750.00			
2		School Time \$28.00 per student / 24 Hour \$124.00 per student			

4. **ADDITIONAL BENEFITS**

A. CLASS	DESCRIPTION	NUMBER ELIGIBLE

- B. Referenced dates applicable to Effective Dates, Termination Dates, and Changes for Additional coverages will be: The date the event occurs.
 The first day of the day of the month on or after the event occurs.
 Other:

C. CLASS	DESCRIPTION OF HAZARDS

D. CLASS	DESCRIPTION OF BENEFITS

- E. **AGGREGATE LIMIT OF LIABILITY: \$ PER**
 Monthly Other Rates per \$ per person, by Class:

Class	Rate	Class	Rate

5. **AGE BASED REDUCTIONS:** YES NO
6. **PREMIUMS.** Premiums are determined from the rates applicable to the specified Plan and Class. Premiums are due on the effective date of the policy and the NA day of each subsequent NA and are paid by the Policyholder.
7. **OPEN ENROLLMENTS:** None As Shown: **voluntary student accident as received**
8. **TRANSMITTAL AGENT appointed by:** None as Shown:

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNED FOR THE POLICYHOLDER PARTICIPATING ORGANIZATION THIS _____ DAY OF _____, _____.

Signature: _____

Name: _____

Date: _____

FOR COMPANY USE ONLY:

SALES OFFICE: _____

BROKER / AGENT: Weiss Schantz 1631 Main St PO Box L Hellertown PA 18055

ADMINISTRATOR:



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