



**QBE INSURANCE CORPORATION**  
*Administrative Office*  
 New York, New York 10005

**APPLICATION FOR BLANKET ACCIDENT INSURANCE**  
**Accidental Death and Accident Medical Benefits**

**Part I Proposed Policyholder** **Policy: SHH030020**

- a. **Full Legal Name of Proposed Policyholder** Pierce County Schools
- b. **Address** 834 East Main Street, P.O. Box 349, Blackshear, GA 31516
- c. **Requested Policy Effective Date** June 19, 2017  
 Interscholastic Football Coverage Effective Date June 19, 2017  
*Policy will become effective on the Requested Policy Effective Date only if (a) all required information is provided and (b) all required premium is paid.*
- d. **Who will be insured?**  
 Eligible Persons participating in Covered Activities as shown below:  
 All enrolled students of the Policyholder, including student-athletes
- e. **What will be Covered Activities?**  
 Covered Activities will be based on Voluntary Enrollment Form selections.

**Part II Plan of Insurance and Premium Calculation**

<u><b>Voluntary - Family/Guardian Paid</b></u>	Scope of Coverage:			<b>Full Excess</b>
	<u><b>Plan 1</b></u>	<u><b>Plan 2</b></u>	<u><b>Plan 3</b></u>	<u><b>Plan 4</b></u>
School Activities, including interscholastic sports, except interscholastic football	\$41.00	\$20.00	\$10.00	\$9.00
24 Hour, including interscholastic sports, except interscholastic football	\$154.00	\$93.00	\$53.00	\$48.00
Sr High interscholastic football only	\$245.00	\$137.00	\$82.00	\$75.00
Spring/Summer weight training & conditioning	\$82.00	\$60.00	\$38.00	\$35.00
Extended Dental	\$8.00 – <b>Plans 1-4</b>			

CC5

**Part III Acknowledgements and Signatures**

- a. **Fraud Warning** Any person who, knowingly and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, may be guilty of insurance fraud.
- b. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of QBEIC will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of QBEIC, and (d) only those persons eligible under the terms of an issued policy will be insured.

**Dated at** Georgia **on the** 17th **day of** June , 2017

LeVance Gay II *(Signature on file)*  
*Signed for the Proposed Policyholder*

Doug Young *(Signature on file)*  
*Signed by Licensed Agent*

**Title** Assistant Superintendent

**Agent License Number** On file