



**2017-2018 SCHOOL YEAR
STUDENT ACCIDENT INSURANCE
APPLICATION**

NAME OF SCHOOL OR SCHOOL DISTRICT _____

ADDRESS _____ CITY _____, CA ZIP _____

CONTACT AT DISTRICT _____

DATE TRADITIONAL SCHOOL BEGINS _____ DATE TRADITIONAL SCHOOL ENDS _____

DATE YEAR-ROUND SCHOOL BEGINS _____ DATE YEAR-ROUND SCHOOL ENDS _____

For interscholastic sports (other than football) that begin prior to the first day of school: Coverage begins on the first day of the earliest practice, which is _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

If any schools in your district participate in **Interscholastic Tackle Football**, coverage shall become effective on the official start date which is _____ and ends on December 31st of the same year. Spring Football begins on _____.

ANTICIPATED TOTAL DISTRICT ENROLLMENT (ADA) _____

The District is responsible for notifying parents (per ed-code sec. 49470 - 49472) that there is no coverage in place for accidents but a plan is being made available to them. They will be directed to obtain more information from the school office, or our website. Sample letters are available.

Brochures will be provided electronically only.

Per ed-code sec. 32220 - 32221.5, each athlete (including band, cheer, etc...) must show proof of insurance before participating. Sample waiver/release forms are available if needed.

COVERAGE OPTIONS

- VOLUNTARY COVERAGE (Each parent or student has the option to purchase coverage)
- ALL SCHOOL PLAN (Covers all students: Paid by the District) # OF PARTICIPANTS _____ X \$ _____ = _____
(SEE BROCHURE)
- ELEMENTARY COMPETITORS COVERAGE # OF PARTICIPANTS _____ X \$ _____ = _____
(SEE BROCHURE)
- POWDER PUFF FOOTBALL COVERAGE # OF PARTICIPANTS _____ X \$ _____ = _____
(SEE BROCHURE)
- TRAVEL ACCIDENT COVERAGE # OF PARTICIPANTS _____ X \$ _____ = _____
(SEE BROCHURE)

OTHER INSTRUCTIONS _____
(Or use a separate sheet)

NAME OF SCHOOL DISTRICT OFFICIAL _____ TITLE _____
(PLEASE PRINT)

SIGNATURE _____ DATE _____ TEL # _____

PLEASE COMPLETE THIS APPLICATION, THE ENCLOSED SUPPLY REQUEST FORM, AND MAIL IN THE ENVELOPE PROVIDED TO:
PACIFIC EDUCATORS, INC.
P.O. BOX 1526
ORANGE, CA 92856-9975
(800)722-3365, (714)639-0962, FAX (714)532-1539