



**SECURITYLIFE**  
INSURANCE COMPANY OF AMERICA  
Minneapolis, Minnesota

**APPLICATION FOR STUDENT ACCIDENT INSURANCE**

SCHOOL/SCHOOL DIST. Prairie Lutheran School DIST. NO. \_\_\_\_\_

ADDRESS 15 NE 2nd Street P.O. Box 130 City Fairfax MN 55332  
Street State Zip County

1. What is the first day of authorized sports practice? Sept 3
2. What is the first day of the regular school term? Sept 2
3. Select the PLAN desired below. Complete the Enrollment and Premium sections.

**SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

**A: GROUP COVERAGES**

- 1. Group Athletic Coverage: Plan \_\_\_\_\_ \$ \_\_\_\_\_
- Senior High Enrollment \_\_\_\_\_ \$ \_\_\_\_\_
- Junior High Enrollment \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Supplemental Coverage: Plan \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Supplemental Coverage: Plan \_\_\_\_\_ \$ \_\_\_\_\_  
Rate Includes All School Sponsored & Supervised Activities
- 4. All Pupil Coverages: Plan 2-5613 = \$ 750.00 Minimum  
Enrollment grades PK-12 92 @ \$ 6.00 = \$ 750.00 Minimum

TOTAL PREMIUM = \$ 750.00

**SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

**B: VOLUNTARY COVERAGES: (See Brochure)**

- 1. Voluntary Sports/Football Coverage: Plan \_\_\_\_\_ N/A  
Estimated number of Interscholastic Sports Participants 7-12 \_\_\_\_\_
- 2. VOLUNTARY STUDENT COVERAGE: Plan \_\_\_\_\_ N/A  
Estimated Total Enrollment in grades PK-12 \_\_\_\_\_

PLEASE LIST ALL SCHOOLS IN THE DISTRICT WITH CORRESPONDING ENROLLMENTS (or attach list)

In order to take advantage of all policy provisions, student brochures must be distributed at registration for each interscholastic sport and at registration or no later than the first day of school for all students PK-12. It is agreed and understood that: **(applies only to voluntary coverages)**

- a. The school will offer coverage to all students in the school system.
- b. Football/Sports coverage is available only if the school installs the Voluntary Student Coverage.
- c. A school official will complete the school's section of each claim form for school related injuries.
- d. Premiums must be sent to the agent within 30 days of receipt, for enrollment forms returned to the school.
- e. A school official will date each premium envelope on the date received, for enrollment forms returned to the school.
- f. **Only one student accident insurance plan will be offered by the school.**

**WEBSITE ACCESS AGREEMENT**

By signing this form you will be given access to the Master Policy, roster, and claim status information. This information should only be shared by those persons in the school administration. After we receive this application you will receive an email that explains how to access all of the information at our website.

Applied for by: Macord Johnson (507) 426-7755 Prairie Lutheran School  
Principal macj@plm1.com

Signature of School Official [Signature] Title Principal Date 8-1-2014  
School Contact (if different from above): Tami Loft Telephone# (507) 426-7755

Agent N/A First Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Agent Mailing Address \_\_\_\_\_

Administered by and Mailed to:



Student Assurance Services, Inc.  
P.O. Box 196  
Stillwater, Minnesota 55082

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.