



Underwritten by:
AXIS Insurance Company
 Serviced by:
 K&K Insurance Group, Inc.

MANDATORY & VOLUNTARY BLANKET ACCIDENT MASTER INSURANCE APPLICATION

Coverage not available in the following states: AR, MD, NH, NY, WA

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder: Name of School/District Centerville R-1 School District
 Requested Effective Date: 8-1-21 Requested Termination Date (one year from the Requested Effective Date): 8-1-22
 Street Address: 2354 S. Green St.
 City: Centerville State: MO Zip: 63633
 Mailing Address (if different): P.O. Box 99
 Contact Name: Tammy Holland Title: Secretary
 Phone: 573-648-2285 Fax: 573-648-2282
 Email: tholland@ces.k12.mo.us

Mandatory Accident Coverage (Coverage selected by school/district)

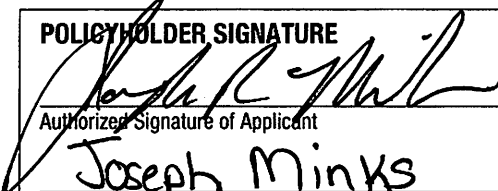
Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities				
At-School Excluding Athletics & Activities				
Athletics & Activities				
Field Trip				
School Band				
JROTC				
Other (Please Specify)				
Other (Please Specify)				
Other (Please Specify)				
Total Mandatory Premium Due:				<u>0</u>

Voluntary Accident Coverage

Estimated annual school enrollment (total number of students): 65
 Grades (mark one): PK-12 Elementary School Middle School High School
 Effective Date: 8-1-21

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. 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.

POLICYHOLDER SIGNATURE

 Authorized Signature of Applicant
Joseph Minks
 Printed or typed name of Applicant's Authorized Representative
6-15-21
 Date

LICENSED BROKER/AGENT SIGNATURE

 Licensed Broker/Agent

 License Number

 Date

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