



**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: SHH060042**

- a. **Full Legal Name of Proposed Policyholder** Monroe County Board of Education
- b. **Address** 9876 Willow Bend Road, Union, WV 24983
- c. **Requested Policy Effective Date** November 1, 2016  
**Policy Expiration Date:** September 1, 2017  
 Interscholastic Football Coverage Effective Date November 1, 2016  
*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:			
	<u><b>Plan 1</b></u>	<u><b>Plan 2</b></u>	<u><b>Plan 3</b></u>	<u><b>Full Excess Plan 4</b></u>
School Activities, including interscholastic sports, except interscholastic football	\$103.00	\$50.00	\$24.00	\$12.00
24 Hour, including interscholastic sports, except interscholastic football	\$308.00	\$186.00	\$110.00	\$70.00
Sr High interscholastic football only	\$490.00	\$274.00	\$180.00	\$90.00
Extended Dental	\$8.00 – <b>Plans 1-4</b>			
CC8				

**Part III Acknowledgements and Signatures**

- a. **Fraud Warning** 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.
- 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** West Virginia **on the** 1st **day of** November, 2016

J. Tim Berry *(Signature on file)* Doug Young *(Signature on file)*  
*Signed for the Proposed Policyholder* *Signed by Licensed Agent*

**Title** Treasurer **Agent License Number** On file