

APPLICATION TO NATIONAL GUARDIAN LIFE INSURANCE COMPANY Madison, Wisconsin

Complete this Application IN FULL - Please print or type

This Policy is to be issued to the following school or the individual schools of the following school system:

Name of School System: _____

Address: _____

Street City State Zip County

Junior High School(s) consist of Grades _____ Senior High School(s) consist of Grades _____

Total District Enrollment _____ Please attach a list of all schools in the District.

NEW POLICY NUMBERS

THIS SECTION FOR HOME OFFICE USE ONLY

Policy Form and Riders to be Issued:
NGP-1200 and NGP-2002

Policy Number: 34T-058- A&S
Policy Number: 34N-058- Accident Only

COVERAGE A - STUDENT ACCIDENT/SICKNESS

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is _____. The termination date shall be _____, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is 08/01. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

COVERAGE B - FOOTBALL

IN EFFECT

NOT IN EFFECT

Interscholastic Football Coverage becomes effective at 12:01 A.M. on 08/01 and expires on December 31st of the same year. Spring Practice begins on N/A. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Coverage will be null and void unless the basic coverage of the Company is offered by the school authorities to all students in all schools of the Policyholder.

| The Student Insurance Policy will cover those students, teachers and administrative employees who pay the required premium as shown below: | | | | | | | | |
|--|------------------------------|---------------|-------------|--|--|---------------|-------------|--|
| <u>COVERAGE - A</u> | <u>GRADES</u> | <u>AMOUNT</u> | | <u>COVERAGE - B</u> | <u>GRADES</u> | <u>AMOUNT</u> | | |
| | | Low | High | | | Low | High | |
| 24-Hr Accident Only | K-6 | \$76 | \$152 | Football Only (Does not include School-time or 24-Hr Coverages) | 10-12 | \$125 | \$250 | |
| | 7-12 and Faculty & Admin. | \$89 | \$178 | | (including grade 9 if playing with grades 10-12) | | | |
| 24-Hr Accident & Sickness | K-12 | \$299 | \$598 | | | | | |
| School-time Accident Only | K-6 | \$22 | \$44 | | | | | |
| | 7-12 and Faculty & Admin. | \$36 | \$72 | | | | | |

PLEASE PRINT:

Applied for by _____
Name Title Signature

Agent Signature _____ Dated at _____
Dated on _____ 20 _____

Ship supplies to address below, if different from above:

Street Address _____ Phone _____
City _____ State _____ Zip _____
Attention: _____ Requested Date of Shipment JULY

PLEASE ISSUE EVERY STUDENT AND ATHLETE A BROCHURE TO TAKE HOME