

CHRISTIAN SCHOOLS INSURANCE

Mail Completed Form and Premium to:
 The Christian Schools Insurance Division
 Special Markets Insurance Consultants, Inc.
 2615 Post Road
 Stevens Point, WI 54481

www.christianschoolsinsurance.com
Toll Free: (800) 727-7642
Fax: (715) 344-6126

2011-2012 CALCULATION WORKSHEET

(All States Except HI, ID, NH, OK, SD, UT & WA)

PLEASE TYPE OR PRINT

Name of School: _____ Policy Number: _____
(As it should appear on the Policy)

Insurance Contact Name: _____ Title: _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Website Address: _____

Telephone Number: () _____ FAX Number: () _____

Policy Effective: _____ * to _____ Football Effective: _____ * to _____
(*This will be the effective date if enrollment form and premium are received and accepted.)

OPTIONS: All enrolled students must be covered. There are 6 Plan Options and only one Plan Option may be chosen for all students. Please check the one Plan Option.

Student Accident – No Sports***

	Maximum Benefit No. of Students	SCHOOLTIME ONLY		Premium Due
		\$10,000 <input type="checkbox"/> Plan 1	\$25,000 <input type="checkbox"/> Plan 2	
Pre-K (ages 3 & up) – K	_____ X	\$ 1.95	\$ 2.25	= \$ _____
Grades 1 – 6	_____ X	\$ 4.95	\$ 5.45	= \$ _____
Grades 7 - 8	_____ X	\$ 4.95	\$ 5.45	= \$ _____
Grades 9 – 12	_____ X	\$ 6.45	\$ 7.00	= \$ _____
Teacher/Administrator	_____ X	\$ 11.75	\$ 14.20	= \$ _____
Overnight Field Trips (Annually)		\$195.80	\$195.80	= \$ _____
Optional 24-Hour Extension / 24-Hour Dental** (A link will be provided for on-line parental enrollment)				= No Cost to School
Total Premium for all Grades				= \$ _____
\$250.00 Minimum Premium (Fully Earned Upon Policy Issuance.)				

Student Accident – With Sports***

	Maximum Benefit No. of Students	SCHOOLTIME ONLY				Premium Due
		\$10,000 <input type="checkbox"/> Economy 1	\$25,000 <input type="checkbox"/> Economy 2	\$10,000 <input type="checkbox"/> Plan 3	\$25,000 <input type="checkbox"/> Plan 4	
Pre-K (ages 3 & up) – K	_____ X	\$ 1.30	\$ 1.50	\$ 1.95	\$ 2.25	= \$ _____
Grades 1 – 6	_____ X	\$ 3.30	\$ 3.65	\$ 4.95	\$ 5.45	= \$ _____
Grades 7 - 8	_____ X	\$ 6.10	\$ 7.05	\$ 9.10	\$ 10.55	= \$ _____
Grades 9 – 12	_____ X	\$ 8.70	\$ 12.35	\$ 12.95	\$ 18.45	= \$ _____
Grades 9 – 12 Football	_____ X	\$ 47.85	\$ 57.85	\$ 71.45	\$ 86.35	= \$ _____
Teacher/Administrator	_____ X	\$ 7.85	\$ 9.50	\$ 11.75	\$ 14.20	= \$ _____
Overnight Field Trips (Annually)		\$131.20	\$131.20	\$195.80	\$195.80	= \$ _____
Optional 24-Hour Extension / 24-Hour Dental** (A link will be provided for on-line parental enrollment)						= No Cost to School
Total Premium for all Grades						= \$ _____
\$500.00 Minimum Premium (Fully Earned Upon Policy Issuance.)						

** Not available in New York

Early Childhood Development (i.e., Head Start)***

	Maximum Benefit	\$10,000	\$25,000	\$10,000	\$25,000	Premium Due
		<input type="checkbox"/> Economy 1	<input type="checkbox"/> Economy 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	
No. of Students _____ X		\$ 1.30	\$ 1.50	\$ 1.95	\$ 2.25	= \$ _____
\$250.00 Minimum Premium if not covering PreK-12 (Fully Earned Upon Policy Issuance.)						

Volunteers - Plan 2 (\$25,000 Maximum)***

No. of Volunteers _____ X \$ 2.50 (Minimum Premium: \$200.00) = \$ _____

Total Premium (for the Options shown above) = \$ _____

***Underwritten by Sentry Life Insurance Company, Stevens Point, WI
Underwritten by Sentry Insurance a Mutual Company, Stevens Point, WI (NY Only)

Catastrophic Accident Medical

Contact Us for Details.

GRAND TOTAL PREMIUM (FOR ALL OPTIONS SELECTED) = \$ _____

We hereby enroll for the plan(s) of insurance selected. We understand that insurance will be in force if this is accepted by the Company, and the required premium is received by the Company when due.

Signature of Official Authorized to Contract for School

Date Signed

Local/Regional Licensed Agency	
Agency Name: _____	License Number: _____
Agent Name (Printed): _____	Agent Address: _____
City, State, Zip: _____	Phone Number: _____
Signature: _____ (Licensed Agent)	Date: _____
Email Address: _____	