

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Student Accident Insurance

Name of Policyholder: Meade School District #46-1
Address: 1230 Douglas St Sturgis SD 57785
Street City State Zip County

Junior/Middle High Schools consist of grades _____ Senior High Schools consist of _____ grades
Total District enrollment: _____ Please attach a list of all schools in the District.

Policy Number: 404-125-141-G

STUDENT ACCIDENT COVERAGE

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 _____. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

FOOTBALL ONLY ACCIDENT COVERAGE **IN EFFECT** **NOT IN EFFECT**

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on _____ and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on _____. 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 Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:					
COVERAGE	GRADES	PREMIUMS	COVERAGE	GRADES	PREMIUMS
24-Hour	PK-12	\$180.00/\$365.00	Football	9-12	\$250.00/\$500.00
School-Time	PK-8	\$50.00/\$100.00			
School-Time	9-12	\$75.00/\$150.00			

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

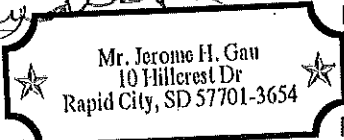
All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

The following notices are applicable where stated:

ALL OTHER STATES, except NEW HAMPSHIRE: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

Authorized Signature: [Signature] Date: 3-24-23
Agent Signature: [Signature] Date: 4-6-2023

Ship supplies to address below:
Street Address: N/A Phone: N/A
City: N/A State: N/A Zip: N/A
Attention: N/A Requested Date of Shipment: N/A



Please provide an email address to receive roster forms electronically: _____

Client Authorization to Bind Coverage

After careful consideration of First Agency's (Gallagher) proposal dated January, 2023 we accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

Effective Dates: 8/1/23 - 8/1/24	LINE OF COVERAGE	PREMIUM	CARRIER
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Voluntary Accident	Various	Guarantee Trust Life Ins. Co.

Do you have other coverage considerations?

Yes No

The above coverage may not necessarily represent the entirety of available insurance products. If you are interested in pursuing additional coverages other than those addressed in the coverage considerations included in this proposal, please list below:

Producer/ Insured Coverage Amendments and Notes:

Exposures and Values

You confirm the schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher's Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals. Gallagher's liability to you arising from any of Gallagher's acts or omissions will not exceed \$20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher's services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher's Privacy Policy located at <https://www.aig.com/privacy-policy/>.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

By: Brett Burditt Business Manager
 Print Name (Specify Title)

Meade School District #46-1

School Name

Brett Burditt
 Signature

Date: 4-6-2023

Bindable Quotations & Compensation Disclosure Schedule

Meade School District #46-1:

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm. % or Fee 3	Gallagher U.S. owned Wholesaler, MGA or Intermediary %
Voluntary Accident	Guarantee Trust Life Ins. Co.	First Agency	\$TBD	15%	N/A

1. We were able to obtain more advantageous terms and conditions for you through an intermediary/wholesaler.
2. If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application.
3. The commission rate is a percentage of annual premium excluding taxes & fees.