LIST OF INSUREDS

NAME OF SCHOOL: _____ STATE: _____ POLICY # _____

			PK-8 SCHOOL-TIME		9-12 SCHOOL-TIME		24-HOUR		FOOTBALL		LIFE
			STANDARD	DELUXE	STANDARD	DELUXE	STANDARD	DELUXE	STANDARD	DELUXE	
DATE PAID	NAME OF INSURED	GRADE	$21.00	$47.00	$42.00	$95.00	$105.00	$225.00	$147.00	$335.00	$1.00