LIST OF INSUREDS

NAME OF SCHOOL: _____ STATE: _____ POLICY # _____

			SCHOOL-TIME		24-HOUR		FOOTBALL	DENTAL
			NO SPORTS	W/SPORTS	NO SPORTS	W/SPORTS		
DATE PAID	NAME OF INSURED	GRADE	$55.00	$94.00	$193.00	$231.00	$330.00	$11.00
		No. of Students each column						
		Amount each column						
		TOTAL PREMIUM (this page)						

Name of person preparing this list: _____ Date Prepared: _____

GT MICHIGAN PREMIER