LIST OF INSUREDS

NAME OF SCHOOL: _____ STATE._____ POLICY # _____

			PK-8 SCHOOL-TIME		9-12 SCHOOL-TIME		24-HOUR		FOOTBALL	
			STANDARD	DELUXE	STANDARD	DELUXE	STANDARD	DELUXE	STANDARD	DELUXE
DATE PAID	NAME OF INSURED	GRADE	$42.00	$84.00	$63.00	$126.00	$152.00	$305.00	$210.00	$420.00