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	$35.00	$84.00	$150.00	$205.00	$325.00	$11.00
		No. of Students each column						
		Amount each column						
		TOTAL PREMIUM (this page)						

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

GT WI PREMIER