

Myers-Stevens & Toohey Co., Inc.
Voluntary Student Accident and Sickness Insurance Program 2021-2022

INSTRUCTIONS: Please complete or update all blank areas.

APPLICATION FOR INSURANCE

Application is hereby made by the undersigned Policyholder for insurance under the policy number issued by ACE American Insurance Company based on the following statements and representations.

1. Name of Participating Organization (Correct Legal Name): ALVORD UNIFIED
(School or District name as you wish it to appear on the policy)

2. Participating Organization Address: 9 KPC PARKWAY CORONA CA 92879
Telephone: (951) 509-6028 Fax: _____ Email: kevin.emenaker@alvordschools.org

It is agreed that the Policy will not become effective unless the application is approved by the Company at its Home Office at rates to be determined by the Company. The Applicant declares that to the best of his knowledge and belief the statements and answers to the above questions are complete and true.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signature of Authorized Participating Organization Representative _____ Date _____
Kevin Emenaker, Executive Director, Admin. Services
Name and Title: _____

BROKER OF RECORD (IF APPLICABLE) _____ BROKER CONTACT NAME _____ TELEPHONE _____ FAX _____

	2020/2021	2021/2022
1. ESTIMATED TOTAL ENROLLMENT	<u>20,000</u>	<u> </u>
2. DATE 2021/2022 SCHOOL YEAR ENDS		<u> </u>
3. INDICATE PROGRAM OF CHOICE FOR YOUR DISTRICT ("X" indicates prior year's selection, please change if desired)		
<input type="checkbox"/> Network Benefit Package (NBP) Policy #SDA N18008701	<input checked="" type="checkbox"/> Scheduled Benefit Package Policy #SDA N18008695	

IMPORTANT: *The Limited Activities Coverage Agreement that follows must be completed and signed in order to provide your students with additional protection at no charge.*

PLEASE COMPLETE THE APPROPRIATE FORMS FOLLOWING THIS APPLICATION:

SCHOOL SITE VERIFICATION FORM

SUPPLY ORDER FORM FOR INTERSCHOLASTIC SPORTS
(Including Tackle Football)

SUPPLY ORDER FORM FOR EXCHANGE COVERAGE

BLANKET COVERAGES ARE AVAILABLE FOR PURCHASE ON A GROUP BASIS:

*Complete plan description is available in the Voluntary Program Summary and samples are enclosed for review.
Please have your schools contact us directly for the appropriate form(s).*

- | | |
|--|--|
| 1. SHORT-TERM (24-HOUR COVERAGE) | 4. INTERSCHOLASTIC TACKLE FOOTBALL TRYOUT |
| 2. SCHOOL TO WORK COVERAGE (Career/Workstudy) | 5. ADULT VOLUNTEERS |
| 3. ELEMENTARY COMPETITORS | 6. COMMUNITY SERVICE |

Arranged & Administered By



Myers-Stevens & Toohey Co., Inc.
26101 Marguerite Parkway, Mission Viejo, CA 92692
(949) 348-0656 or (800) 827-4695 Fax (949) 348-2630
CA License # 0425842

Underwritten By

CHUBB®
ACE American Insurance Company
436 Walnut St, Philadelphia PA 19106

DISTRICT ID
5324
CA_21-22

LIMITED ACTIVITIES COVERAGE AGREEMENT

Though more families in the U.S. are obtaining accident & sickness coverage, there continues to be an increasing amount of coverage gaps in many of these plans. Other students may still be without insurance altogether. Uncovered costs for medical care following a school-related injury can be a serious problem for families and schools!

This is why adequate distribution to each and every student is crucial. Whether or not the student participates in interscholastic sports, attends high school or grade school-- every family deserves a fair opportunity to make an informed decision when providing coverage for their children.

Distribution Options for the 2021-2022 School Year

Please select at least one electronic distribution method below and our staff will forward to you all proper links and instructions to accomodate your request upon receipt of this agreement

☐ **Online Registration:**

If your site(s) utilize online registration we can coordinate with your web developer(s) to incorporate the insurance information into this process.

☐ **Email Blast:**

Either by a 3rd party platform (i.e. Mail Chimp, Zoho, etc.) or manual submission, each family will receive a PDF brochure at the beginning of the school year.

☐ **Other:**

Please explain: _____

While electronic distribution may have become normal for many of your students and families, we also acknowledge some may not have sufficient online access. In an effort to insure all of your students have access to our offerings we will be providing a supply of applications, claim forms, and other related documents to district location of your choice. Additional materials may be available upon request.

Please provide the contact information and address for the delivery of your district materials:

Contact Name: _____

Address: _____

City, State, Zip: _____

The blanket coverages highlighted on page 5 of the attached Voluntary Program Summary are offered in conjunction with the voluntary participation student accident & sickness insurance program. They are intended to provide additional protection to students in the district and help facilitate district compliance with relevant sections of the Education Code (where applicable):

IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THESE COVERAGES WILL BE PROVIDED
IN CONSIDERATION OF THE DISTRICT'S DILIGENT EFFORTS TO:

1. Ensure that the parents/guardians of every student enrolled in the district are provided with the student accident & sickness insurance materials at the beginning of the school year, and
2. Maintain a proper system of signed waivers/proof of insurance (where required by law).

Name of District Official

Signature










Date

SCHOOL SITE VERIFICATION FORM

Please update any changes in school information such as names or addresses in the boxes below. If a school site has closed, please check the box to the right so we may update our records.

DISTRICT ID
5324

<i>School Name and "attention to"</i>	<i>Address</i>	
ALTERNATIVE EDUCATION CENTER <input type="text"/>	10368 CAMPBELL AVENUE RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
ALVORD HIGH SCHOOL <input type="text"/>	3606 PIERCE AVE. RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
ALVORD UNIFIED SCHOOL DIST. <input type="text"/>	9 KPC PARKWAY CORONA CA 92879 <input type="text"/>	Site Closed? <input type="checkbox"/>
ARIZONA MIDDLE <input type="text"/>	11045 ARIZONA AVE. RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
ARLANZA ELEMENTARY <input type="text"/>	5891 RUTLAND STREET RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
COLLETT ELEMENTARY <input type="text"/>	10850 COLLETT AVE. RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
FOOTHILL ELEMENTARY <input type="text"/>	8230 WELLS AVENUE RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
HILLCREST HIGH SCHOOL <input type="text"/>	1180 INDIANA AVENUE RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
LA GRANADA ELEMENTARY <input type="text"/>	10346 KELLER AVENUE RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
LAKE HILLS ELEMENTARY <input type="text"/>	16346 VILLAGE MEADOW DR. RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>
LA SIERRA HIGH SCHOOL ATTN: JUDY <input type="text"/>	4145 LA SIERRA AVE. RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
LOMA VISTA MIDDLE <input type="text"/>	11050 ARLINGTON AVE. RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
MC AULIFFE ELEMENTARY <input type="text"/>	4100 GOLDEN AVENUE RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
MYRA LINN ELEMENTARY MARIA VARGAS <input type="text"/>	10435 BRANIGAN WAY RIVERSIDE CA 92505 <input type="text"/>	Site Closed? <input type="checkbox"/>
NORTE VISTA HIGH SCHOOL <input type="text"/>	6585 CREST AVENUE RIVERSIDE CA 92503 <input type="text"/>	Site Closed? <input type="checkbox"/>

ORRENMAA ELEMENTARY <div></div>	3350 FILLMORE STREET RIVERSIDE CA 92503 <div></div>	Site Closed? 
PHILLIP M. STOKOE ELEMENTARY <div></div>	4501 AMBS DRIVE RIVERSIDE CA 92505 <div></div>	Site Closed? 
PROMENADE ELEMENTARY <div></div>	550 HAMILTON CORONA CA 91719 <div></div>	Site Closed? 
ROSEMARY KENNEDY ELEMENTARY <div></div>	6411 MITCHELL AVENUE RIVERSIDE CA 92505 <div></div>	Site Closed? 
TERRACE ELEMENTARY <div></div>	6601 RUTLAND AVENUE RIVERSIDE CA 92503 <div></div>	Site Closed? 
TWINHILL ELEMENTARY <div></div>	11000 CAMPBELL AVE. RIVERSIDE CA 92505 <div></div>	Site Closed? 
VALLEY VIEW ELEMENTARY <div></div>	11750 GRAMERCY PLACE RIVERSIDE CA 92505 <div></div>	Site Closed? 
WELLS MIDDLE <div></div>	10000 WELLS AVE. RIVERSIDE CA 92503 <div></div>	Site Closed? 
YSMAEL VILLEGAS MIDDLE SCHOOL <div></div>	3754 HARVILL LANE RIVERSIDE CA 92503 <div></div>	Site Closed? 

Please List Any Additional Schools

SUPPLY ORDER FORM FOR INTERSCHOLASTIC SPORTS

Including Interscholastic Tackle Football Materials
School return envelopes will be provided unless advised otherwise.

DATE, OR DATE RANGE, YOU WISH TO
RECEIVE YOUR MATERIALS:

Indicate Date

Or

 -

Date Range

IMPORTANT: Personnel must be available to
sign for materials.

SEND MATERIALS TO:



DISTRICT OFFICE



WAREHOUSE



EACH SCHOOL

If shipping to District Office or Warehouse:

Contact Name: _____

Contact Phone: _____

Address: _____

City, State, Zip: _____

WE CANNOT SHIP TO P.O. BOXES

SCHOOL NAME	"ATTENTION TO"	2020/2021		2021/2022	
		English Athletes	Spanish Athletes	English Athletes	Spanish Athletes
HILLCREST HIGH SCHOOL 1180 INDIANA AVENUE RIVERSIDE CA 92503		350	50	<input type="text"/>	<input type="text"/>
LA SIERRA HIGH SCHOOL 4145 LA SIERRA AVE. RIVERSIDE CA 92505	ATTN: JUDY	350	50	<input type="text"/>	<input type="text"/>
NORTE VISTA HIGH SCHOOL 6585 CREST AVENUE RIVERSIDE CA 92503		350	50	<input type="text"/>	<input type="text"/>

Please List Any Additional Schools

DISTRICT ID:

5324

SUPPLY ORDER FORM FOR EXCHANGE COVERAGE

Coverage for Inbound and Outbound Exchange Students

DATE, OR DATE RANGE, YOU WISH TO RECEIVE
YOUR MATERIALS:

Indicate Date

Or

 -

Date Range

IMPORTANT: Personnel must be available to
sign for materials.

SEND MATERIALS TO:



DISTRICT OFFICE



WAREHOUSE



EACH SCHOOL

If shipping to District Office or Warehouse:

Contact Name:

Contact Phone:

Address:

City, State, Zip:

WE CANNOT SHIP TO P.O. BOXES

Please Indicate:

SCHOOL NAME

"ATTENTION TO"

2021/2022

Estimated Number of Exchange Students

DISTRICT ID:

5324