THE BROKERAGE STORE, INC.

INVOICE

BILL TO	MAIL TO	
La Vernia ISD 13600 US Hwy 87 W La Vernia, TX 78121	The Brokerage Store, Inc. 4091 De Zavala Rd., #3 San Antonio, TX 78249	Invoice Date 3/30/2026 Agent Paul Fisher

PREMIUMS DUE BY SEPTEMBER 1, 2026

	SCHOOL YEAR:	COVERAGE:	PLAN:				TOTAL:
Student/Athletic Accident Insurance							
	2026-2027	GROUP UIL	Houstonian				$39,000
		CATASTROPHIC	CAT Only			$1,326	
			$500K Cash Benefit			$602	$1,928
						BALANCE DUE	**$40,928**

2 YEAR RATE GUARANTEE

Please return the portion below with your payment.

REMITTANCE

Customer	La Vernia ISD
Amount Enclosed	$

Make check payable to:
The Brokerage Store, Inc.
4091 De Zavala Rd., Suite 3
San Antonio, TX 78249

PHONE (210)366-4800
FAX (210)366-1388
E-MAIL rochelle@thebrokeragestore.com
WEB SITE www.thebrokeragestore.com

APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12

THE BROKERAGE STORE

2 YEAR RATE GUARANTEE

Underwritten by
Ameritas
Ameritas Life Insurance Corp.
Lincoln, Nebraska

Send completed form to:
The Brokerage Store
4091 De Zavala Rd., Suite 3 San Antonio, TX 78249

SCHOOL/DISTRICT INFORMATION

School/District La Vernia ISD DIST. CLASS. _____

Address 13600 US Hwy 87 W
Street

City La Vernia County _____ State _____ Zip _____

DATE INFORMATION Effective Date 08/01/2026 Termination Date 07/31/2027

_____ 1st Day of School _____ Last Day of School _____ 1st Day of Football Practice

SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS

A: GROUP COVERAGES **PREMIUMS**

[X] 1. Group UIL Coverage: Plan (Houstonian) $ 39,000

[ ] 2. All School Coverage: Plan (_____)
(Includes UIL Activities)
Enrollment grades PK- 12 ( ) @ $ _____ = $ _____

TOTAL PREMIUM = **$** 39,000

SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS

B: VOLUNTARY COVERAGES: (See Brochure) **ENROLLMENT FORMS NEEDED**

[ ] 1. Voluntary Sports/UIL Activities Coverage: Plan (**Basic**)
Estimated number of Interscholastic UIL Participants 7-12 _____ (_____)

[ ] 2. Voluntary Student Coverage: Plan (**Basic**)
Estimated Total Enrollment in grades PK-12 (No Sports) _____ (_____)

It is agreed and understood that: (**applies only to voluntary coverages**)
a. The school will offer coverage to all students in the school system.
b. Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
c. A School Official will complete the School's section of each claim form for school related injuries.
d. **Only one student accident plan will be offered by the district.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Applied for by:

_____
Print Name of School Official Phone Number E-mail Address

_____
Signature of School Official Title Date

Agent Signature: _____ Telephone# _____

Administered by:
STUDENT ASSURANCE SERVICES INCORPORATED
Stillwater, Minnesota

2026 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich

The Brokerage Store, Inc., 4091 De Zavala Rd., Suite 3, San Antonio, TX 78249

Participant Information:

Name of Participating School or District: La Vernia ISD

Address: 13600 U.S. Hwy 87 West City: La Vernia State: TX ZIP: 78121

Number of Schools Junior High: 1 Senior High: 1

Estimated Number of Students Grades K-8: Grades 9-12:

Eligible Classes Junior High: ◉ Yes ◯ No Senior High: ◉ Yes ◯ No

___ Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football: ◯ Yes ◯ No

X Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football: ◉ Yes ◯ No

Benefits:

X Accident Medical Expense (AME) Benefit Amount - Excess Coverage $10,000,000

X Accidental Death & Dismemberment (AD&D) ($10,000 Death, $20,000 Dismemberment)

X Catastrophic Cash Benefit (Maximum Benefit Amount $500,000)

Rates: See Page 2

Premium: Total Premium: $ 1,928

Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2026
Month Day Year

Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): _____ Signature: _____

Title (print): _____ Date: _____

General Statement:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.