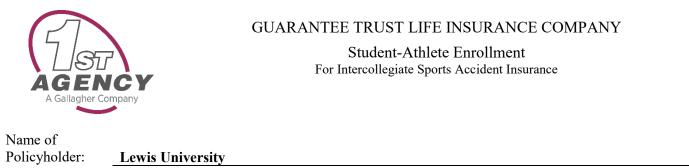
Marketed and Administered by:



thlete Name:
Pate of Birth:
chool Address:
chool Phone:
lome Address:
lome Phone:
LAN BENEFIT:
Basic Option Expanded Option
Disappearing Deductible: \$500
nsured Percentage: 100%
faximum Benefit Limit: \$10,000
HECK COVERAGE DESIRED:
Football Only (Fall & Spring): <u>N/A</u>
All Other Sports*: \$825

* One premium covers applicant for the entire school year regardless of the number of sports he/she participates in with the exception of football.

I understand that insurance becomes effective only when this enrollment form and full premium have been received by First Agency.

Signature

These plans are subject to Insurance Department approval.

Administered by: First Agency 5071 West H Avenue Kalamazoo, MI 49009-8501 Phone: 269-381-6630 Fax: 269-492-0084

No Premium Refunds