GUARANTEE TRUST LIFE INSURANCE COMPANY
Gienview, Illinois
Application For Blanket Student Accident Insurance

Name of Policyholder:	urlain Ot	V Sci	hools				
Address: <u>754</u>	East For	John St.	Fran	ndelin	OH	45005	Maurer
	Street	. 1.0	_	ity	State	Zip	County
Junior/Middle High So Total District enrollme	chools consist of grant: <u>2637</u> (1	ades $\frac{\sqrt{-5}}{0.6}$	Seni <u>38</u> /21PJea	or High Schoo se attach a lis	ols consist of t of all scho	of grades <u> </u>	lct.
Policy Number:	344-00P-468		nego ^o				
STUDENT ACCIDE Coverage shall become vent prior to the first which is the opening outlined in the Master	me effective on the day of school, whic day of the following	h is 8-19-	- 24	. The termi	nation date	shall be $8-$	-14-25
For interscholastic sp practice, which is <u>&</u> by the State High Sch	1-24 Cover	age for each					
FOOTBALL ONL' Interscholastic Footba on December 31st of become effective on t postmarked not later received at a later da	all Only Accident Co the same year. Spr the date the premiu than three days afte	overage beco ing Practice t m is paid, pro er coverage is	mes effect begins on vided the 0 to be effe	Eac Company rece ctive. In the ev	ch individua lives the na vent that the	and expire I's football cov me and premit	ım İn an envelope
It is understood and a Accident Coverage is							less Student
The Student Accide	nt Insurance Policy	will cover tho	se student	s who pay the	required p	remium as sho	wn below:
<u>COVERAGE</u>	GRADES	PREMIUI Low / Hi		COVERAGE otball Only		RADES 0-12	PREMIUMS Low / High
24-Hour	K-6 7-12	\$79 \$15 \$91 \$15	58 Pe	er Player	(Iniciu	ding grade laying or	\$129 \$258
School-Time	K-6 7-12	\$23 \$4	16 74		pract	icing with es 10-12)	
It is agreed that any c attending, playing, or	practicing, or attend	ling school as	a student	of the Policyh	nolder.	·	
Any person who, with files a claim containing					ainst an Inst	ırer, submits ar	application or
All documents that for requested.	rm our insurance re	lationship will //	be provide	ed to you in ele	ectronic for	mat, unless oth	ierwise
Authorized Signature:	pelli h J	Umn			_ Date: _	7-25-6	14
Agent Signature:	the		<u></u>		_ Date: _	7/25/20)24
Ship supplies to add	ress below:)				
Street Address: 7	54 East Fi	turth S	<u>L</u>		Phone:_	937-743	3-8600
City: Frankli	<u> </u>			State: 0 f	<u>t</u>	Zip:	15005
Attention: Kell	Fromm		Requeste	d Date of Ship	oment:	5-1-24	
Please provide an email address to receive supplies electronically: Kfvnm @ fvauklin city							
GA-15-KV-OH					50	10015, CON	n/

FCS List of Schools

- William C. Schenck Elementary:PK-K
- George H. Gerke Elementary: 1st Grade
- Hunter Elementary: 2nd Grade
- Franklin Intermediate Elementary: Grades 3-5
- Franklin Junior High: Grades 6-8
- Franklin High School: Grade 9-12