

# Myers-Stevens & Toohey & Co., Inc.

## Voluntary Student Accident and Sickness Insurance Program 2013-2014

INSTRUCTIONS: Please complete or update all blank areas. An incomplete application may cause a delay in shipment of materials.

### APPLICATION TO BCS INSURANCE COMPANY and PARTICIPATION AGREEMENT

Application for participation is hereby made by the undersigned Participating Organization for insurance under Policy Number(s) Scheduled MST-05005-001; or PND MST-05005-003; MST-10991-001 & MST-10999-001 issued to PNC Bank, Trustee of the Family Insurance Trust.

1. Name of Participating Organization: ROSS VALLEY S. D.

(School or District name as you wish it to appear on the policy)

Address: 110 SHAW DRIVE SAN ANSELMO CA 94960

Telephone: 415-454-6840 Fax: \_\_\_\_\_ Email: lcrawford@rossvalleyschools.org

Participating Organization Effective Date: \_\_\_\_\_ (today's date)

2. The Participating Organization elects to participate in the Trust identified above.

The Participating Organization has signed this Application on: \_\_\_\_\_ (date signed)

\_\_\_\_\_  
School or District Contact Name

Signed By: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
Name of District Official (please print)

Title: \_\_\_\_\_

28.103PA

BROKER OF RECORD (IF APPLICABLE)

BROKER CONTACT NAME

TELEPHONE

FAX

#### 1. ESTIMATED TOTAL ENROLLMENT

2012/2013

2,300

2013/2014

#### 2. DATE 2013/2014 SCHOOL YEAR ENDS .....

#### 3. INDICATE PROGRAM OF CHOICE FOR YOUR DISTRICT



Provider Network Discount (PND)  
MST-05005-003



Scheduled Benefit Package  
MST-05005-001

**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 SUPPLY ORDER FORM FOLLOWING THIS APPLICATION:

GENERAL STUDENT BODY INSURANCE MATERIAL

INTERSCHOLASTIC SPORTS INSURANCE MATERIAL  
(Including Tackle Football)

EXCHANGE STUDENT INSURANCE MATERIAL

#### BLANKET COVERAGES ARE AVAILABLE FOR PURCHASE ON A GROUP BASIS:

Complete plan description is available in the Sales Brochure and samples are enclosed for review.

Please have your schools contact us directly for the appropriate form(s).

#### 1. SHORT-TERM (24-HOUR COVERAGE)

#### 2. SCHOOL TO WORK COVERAGE (Career/Workstudy)

#### 3. ELEMENTARY COMPETITORS

#### 4. INTERSCHOLASTIC TACKLE FOOTBALL TRYOUT

#### 5. ADULT VOLUNTEERS

#### 6. COMMUNITY SERVICE

#### Arranged & Administered By



myers | stevens | toohey

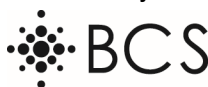
Myers-Stevens & Toohey & Co., Inc.

26101 Marguerite Parkway, Mission Viejo, CA 92692

(949) 348-0656 or (800) 827-4695 Fax (949) 348-2630

CA License # 0425842

#### Underwritten By



BCS Insurance Company

Oakbrook Terrace, Illinois

Rated A- (Excellent) by A.M. Best,  
an independent insurance company  
rating agency.

DISTRICT ID

5491

DATE RECEIVED

DATE REQ. COMPLETED

**LIMITED ACTIVITIES COVERAGE AGREEMENT**  
**Coverage Provided at No Additional Charge to Your District**

The following blanket coverages 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):

Interscholastic Sports Oversight Coverage  
One-Day Field Trip Coverage  
Felonious Assault Coverage  
Non-Competing Participants Coverage  
Accidental Death Coverage

IT IS UNDERSTOOD AND ACKNOWLEDGED THAT THE ABOVE REFERENCED 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).

Please provide us with a brief description of how you currently distribute your student accident materials.  
The information will help us in planning future years of renewal and shipping.

*This entire form must be completed and signed for the above coverages to be provided.*

_____ Name of District Official	_____ Signature	_____ Date
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# SUPPLY ORDER FORM FOR INSURANCE MATERIALS FOR GENERAL STUDENT BODY

WEEK YOU WISH TO RECEIVE YOUR MATERIALS:

Indicate Week 1, 2, 3, 4 or 5

Month

Look for materials to be delivered any day within your chosen week\*

\*Personnel must be available to sign for materials.

For MST use only

ENG REQ#

SPN REQ#

If shipping to District Office or Warehouse:

Contact Name:

Contact Phone:

Address:

City, State, Zip:

**WE CANNOT SHIP TO P.O. BOXES**

DISTRICT ID:

5491

SEND MATERIALS TO:



**DISTRICT OFFICE**



**WAREHOUSE**



**EACH SCHOOL**

INDICATE YOUR CHOICE OF ENROLLMENT ENVELOPE:



**SR** - to be returned to school



**MB** - To be returned directly to Myers-Stevens



**SPN** - Spanish forms\*

\*Spanish supplies are available on a limited basis

**PLEASE UPDATE ENROLLMENT FOR THE 2013/2014 SCHOOL YEAR**

SCHOOL NAME	"Attention to"	2012/2013			2013/2014		
		School Enroll	English Applications	Spanish Applications	School Enroll	English Applications	Spanish Applications
BROOKSIDE LOWER 116 BUTTERFIELD RD SAN ANSELMO	CA 94960	320	310	10			
HIDDEN VALLEY K-5 46 GREEN VALLEY COURT SAN ANSELMO	CA 94960	420	410	10			
MANOR SCHOOL 150 OAK MANOR DRIVE FAIRFAX	CA 94930	377	367	10			
ROSS VALLEY SCHOOL DISTRICT 110 SHAW DRIVE SAN ANSELMO	CA 94960	12	12				
WADE THOMAS SCHOOL ROSS AT KENSINGTON SAN ANSELMO	CA 94960	392	388	4			
WHITE HILL SCHOOL 101 GLEN DRIVE FAIRFAX	CA 94930	600	590	10			

**SUPPLY ORDER FORM FOR ADDITIONAL INSURANCE MATERIALS FOR INTERSCHOLASTIC SPORTS**

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

WEEK YOU WISH TO RECEIVE YOUR MATERIALS:

Indicate Week 1, 2, 3, 4 or 5

Month

Look for materials to be delivered any day within  
your chosen week\*\*Personnel must be  
available to sign for  
materials.

For MST use only

ENG REQ#

SPN REQ#

*If shipping to District Office or Warehouse:*

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**WE CANNOT SHIP TO P.O. BOXES**

DISTRICT ID

5491

SEND MATERIALS TO:

**DISTRICT OFFICE****WAREHOUSE****EACH SCHOOL**

SCHOOL NAME

PLEASE INDICATE "ATTENTION TO"

**2012/2013****2013/2014**

Number of Athletes

Estimated Number of Athletes

BROOKSIDE LOWER

116 BUTTERFIELD RD

320

SAN ANSELMO

CA

94960

HIDDEN VALLEY K-5

46 GREEN VALLEY COURT

420

SAN ANSELMO

CA

94960

MANOR SCHOOL

150 OAK MANOR DRIVE

377

FAIRFAX

CA

94930

ROSS VALLEY SCHOOL DISTRICT

110 SHAW DRIVE

10

SAN ANSELMO

CA

94960

WADE THOMAS SCHOOL

ROSS AT KENSINGTON

392

SAN ANSELMO

CA

94960

WHITE HILL SCHOOL

101 GLEN DRIVE

600

FAIRFAX

CA

94930

**Please List Any Additional Schools**

# SUPPLY ORDER FORM FOR EXCHANGE STUDENT ENROLLMENT FORMS

## Coverage for Inbound and Outbound Exchange Students

WEEK YOU WISH TO RECEIVE YOUR MATERIALS:

Indicate Week 1, 2, 3, 4 or 5

Month

Look for materials to be delivered any day within your chosen week\*

\*Personnel must be available to sign for materials.

For MST use only

ENG REQ#

SPN REQ#

*If shipping to District Office or Warehouse:*

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**WE CANNOT SHIP TO P.O. BOXES**

**DISTRICT ID**

5491

SEND MATERIALS TO:



**DISTRICT OFFICE**



**WAREHOUSE**



**EACH SCHOOL**

**PLEASE INDICATE "ATTENTION TO"**

**2012/2013**

**2013/2014**

Number of Exchange Students

Estimated Number of Exchange Students

**Please List Schools**