

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): HUENEME SCHOOL DISTRICT
(School or District name as you wish it to appear on the policy)

2. Participating Organization Address: 205 NO. VENTURA ROAD PORT HUENEME CA 93041
Telephone: 805-488-3588 X105 Fax: _____ Email: cortega@hueneme.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 _____
CHRISTINE WALKER _____ SUPERINTENDENT
Name and Title: _____

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

1. ESTIMATED TOTAL ENROLLMENT

2019/2020

9,750

2021/2022

2. DATE 2021/2022 SCHOOL YEAR ENDS

3. INDICATE PROGRAM OF CHOICE FOR YOUR DISTRICT ("X" indicates prior year's selection, please change if desired)



Network Benefit Package (NBP)
Policy #SDA N18008701



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)

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

CHUBB

ACE American Insurance Company
436 Walnut St, Philadelphia PA 19106

DISTRICT ID

5503

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
5503

School Name and "attention to"

Address

BARD SCHOOL

622 E. PLEASANT VALLEY RD.
PORT HUENEME CA 93041

Site Closed?



BLACKSTOCK JUNIOR

701 BARD ROAD
OXNARD CA 93033

Site Closed?



GREEN SCHOOL

3739 SOUTH C ST
OXNARD CA 93033

Site Closed?



HATHAWAY SCHOOL

405 E DOLLIE ST
OXNARD CA 93033

Site Closed?



HAYCOX SCHOOL

5400 PERKINS RD
OXNARD CA 93033

Site Closed?



HOLLYWOOD BEACH SCHOOL

400 SUNSET LANE
OXNARD CA 93035

Site Closed?



HUENEME ELEM DIST. OFFICE

205 NORTH VENTURA ROAD
PORT HUENEME CA 93041

Site Closed?



HUENEME SCHOOL

354 NORTH THIRD ST
PORT HUENEME CA 93041

Site Closed?



LARSEN SCHOOL

550 E THOMAS AVE
OXNARD CA 93033

Site Closed?



PARKVIEW SCHOOL

1416 SIXTH PLACE
PORT HUENEME CA 93041

Site Closed?



SUNKIST SCHOOL

1400 TEAKWOOD ST
OXNARD CA 93033

Site Closed?



WILLIAMS SCHOOL

4200 ANCHORAGE ST
OXNARD CA 93033

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"

2019/2020

English
Athletes

Spanish
Athletes

2021/2022

English
Athletes

Spanish
Athletes

Please List Any Additional Schools

DISTRICT ID:

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:

5503