

**GERBER LIFE INSURANCE COMPANY**

1311 Mamaroneck Avenue, White Plains, New York 10605

**Blanket Accident Insurance Application**

Name of Policyholder OKEECHOBEE COUNTY SCHOOL DISTRICT Policy Number \_\_\_\_\_  
(as it should appear on the Policy)

Mailing Address 700 W. 2<sup>ND</sup> AVENUE OKEECHOBEE FL 34974  
(City) (State) (Zip Code)

**Insurance Contact Name** JONI ARD **Title** \_\_\_\_\_

Phone 863-462-5000 Fax \_\_\_\_\_ **Email Address** ardj@okee.k12.fl.us

Policy Effective Date\* 08/01/2015 Policy Expiration Date 08/01/2016  
(\*This will be the effective date if enrollment form and premium are received)

**Covered Activities and Rates**

**Optional Coverages – Plan “Basic”, Plan “A”, Plan “B” and Plan “C” Only**  
(Paid for by the Student or Parent per year. A link will be provided for on-line enrollment)

- School Time Excluding All Senior High Sports
- School Time Including all Sports Except Senior High Football\*\*
- 24Hour Excluding All Senior High Sports
- 24Hour Including all Sports Except Senior High Football\*\*
- Football Fall and Spring/Summer\*\*
- Football Spring/Summer\*\*
- Dental

\*\*Plan “B” and Plan “C” are not available under these coverages.

**First Day School Activities:** 08/17/2015 TO \_\_\_\_\_ Football Effective: EXCLUDED \_\_\_\_\_ TO \_\_\_\_\_

**Please mail application to: Fowinkle School Insurance Agency**  
**120-53<sup>rd</sup> Ave. W**  
**Bradenton, FL 34207**

**We hereby enroll with Gerber Life Insurance Company for the plan(s) of insurance selected. We understand that insurance will be in force if this application is accepted by the Company, and the required premium is received by the Company when due. We represent that the information contained in this application is true and correct and forms the basis of the requested insurance.**

**Signature of Official Authorized to Contract for the Policyholder** Printed Name Date Signed

Local/Regional Representative of Policyholder	
Agency Name: <u>Moore Fowinkle Schoroer Agency</u>	Representative Name: <u>ROBERT W. FOWINKLE</u>
Address: <u>120-53<sup>rd</sup> Avenue West</u>	City, State, Zip: <u>Bradenton, FL 34207</u>
Phone Number: <u>800-541-8256</u>	Email Address: <u>schoolinsuranceagency@verizon.net</u>
Signature: _____ (Policyholder Representative)	Date: _____
	License Identification Number: <u>A088216</u>

## Fraud Statement

**GENERAL FRAUD STATEMENT:** 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.

**For residents of Arkansas, Louisiana and West Virginia:** 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.

**For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For residents of the District of Columbia: 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.

**For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**For residents of Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

**For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of New Mexico:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For residents of Oklahoma: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.