



APPLICATION FOR SPECIAL RISK ACCIDENT INSURANCE

Name of Policyholder Webb County Head Start

Street Address 1110 Washington City Laredo State TX Zip 78040

List the Activities for which this application applies on the back of this form. Effective Date 10-1-2016 Expiration Date 9-30-2015

Number of Participants 1290 x \$ 5.00 = \$6,450 (Minimum Premium \$ _____) Total Premium Enclosed \$ _____

Name (please print) T Tijerina Title Webb County Judge

email address _____

Signature [Signature] Phone 956-523-4000 Date _____

Agent Wortham Insurance

Print Name Phone Number E-Mail Address

Agent Mailing Address

Any person who, with the 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.

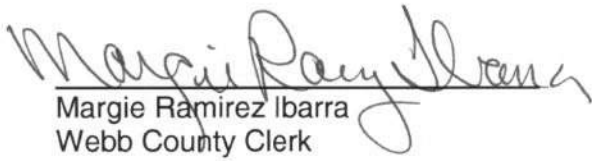
*The maximum term of coverage at this premium rate is 3 months. If longer term of coverage is needed, please contact our office for rates.

PLEASE SEND APPLICATION AND PREMIUM PAYMENT TO:

Student Assurance Services, Inc., PO Box 196, Stillwater, MN 55082-0196 Phone Toll Free (800) 328-2739 or (651) 439-7098
GHA-2202(GEN REV 2014) Z-9712SR(GEN)(2014)

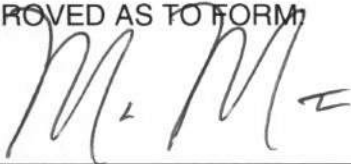
ACTIVITES	DATE BEGINS	DATE ENDS	ESTIMATED # OF PARTICIPANTS	AGES FROM-TO

ATTEST:


Margie Ramirez Ibarra
Webb County Clerk



APPROVED AS TO FORM:



Marco A. Montemayor
Webb County Attorney

***By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).**

2018 OCT 1 - 10:00 AM
WEBB COUNTY CLERK
MARGIE RAMIREZ IBARRA