

Bridge Norena & Associates Insurance Agency

Educational & Institutional Programs
 23945 Calabasas Road, #210., Calabasas, Ca 91302
 818-225-1627 x 303, 323-872-3831 x 303, Fax: 818-225-7029, 818-225-7737
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 License # 0716331

Los Angeles Unified School District Short-Term (24-Hour) Coverage 2008-2009 school term

Coverage provides excess accident medical coverage for students participating in a school sponsored activity involving overnight travel and/or periods without direct and immediate school supervision. Benefits are paid at 100% of usual, reasonable & customary charges up to the limit of coverage selected. Benefits are available for one year from the date of first treatment; and are subject to exclusions and limitations.

TO ORDER COVERAGE FOLLOW STEPS:

1. Complete two page application for insurance. (It is required that all students attending the event are covered, whether they have other insurance or not. Coverage is optional for parent chaperones; L.A.U.S.D employers are not eligible for coverage (they are covered by workers' compensation).
2. Provide a roster of all students attending the trip and include any Chaperones (if applicable).
3. Fax application to our office and mail originals if paying with a check or money order. Please do not mail the application if you paying with a credit card.

Bridge Norena & Associates must receive completed enrollment form and a separate student and chaperones roster prior to the start of travel and activities.

PLAN A:	PLAN B:
Minimum Premium Requirement: \$15.00	Minimum Premium Requirement: \$35.00
\$1,500. Excess Accident Medical Expense	\$25,000. Excess Accident Medical Expense
\$0. Deductible	\$0. Deductible
\$500. Emergency Sickness	\$500. Emergency Sickness
\$0. Repatriation	\$10,000. Repatriation
\$0. Medical Evacuation	\$25,000. Medical Evacuation
\$0. Loss of Life	\$10,000. Loss of Life
\$0. Specific Loss (Dismemberment) Benefit	\$20,000. - \$30,000. Specific Loss (Dismemberment) Benefit
Premium .30¢ per student	Premium \$1.60 per students

Premium due within ten days of order.

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \$ \underline{\hspace{2cm}} \\
 \# \text{ of Participants} & & \text{Select Plan Rate} & & \# \text{ of Calendar Days} & & \text{Premium Due} \\
 \text{SAMPLE (20)} & & \text{Plan A: .30 / B: \$1.60} & & \text{4} & & \text{Plan A: \$24.00 / B: \$128.00)}
 \end{array}$$

Teacher requesting coverage: _____
PRINT NAME DATE

METHOD OF PAYMENT (DO NOT SEND CASH) – PLEASE REMIT PAYMENT TO:
 Bridge Norena & Associates, 23945 Calabasas Road., Suite #210, Calabasas, Ca 91302
 Personal Check Money Order Credit Card (visa and mastercard only)

Check # _____ Amount Enclosed: \$ _____ Name on check: _____
Pay by fax or Email: 818-225-7029, 818-225-7737 or joseph@bridgenorena.com Credit Card (only)

EXP Date: ___ / ___ / _____

Validation Code: _____ Card Holder's Name: _____

Billing Address: _____

City _____ State: _____ Zip Code: _____ Phone Number: () _____

DO NOT SEND CASH

Trip is originating from:

L.A.U.S.D Campus: _____

Campus Address: _____

Completed by: _____ Phone # _____

Date(s) of trip: Start: _____ End: _____

Destination: _____

Activities: _____

This form should be signed by school administrator for coverage to be bound.

Administrators Name

Signature

Date

Title

Phone

Please attach student and chaperones roster.

IF PREMIUM IS PAID BY CREDIT CARD AND YOU NEED A COPY OF THE CREDIT CARD RECEIPT FOR REIMBURSEMENT. PLEASE PROVIDE EMAIL ADDRESS:

_____ @ _____ . _____