

Reed & Baur Insurance Agency
Serving your community since 1903

Southern Local School District



Student Accident Insurance

School Insurance program
❖ Safer schools ❖ Safer students ❖ Better future

Presented by:

Reed & Baur Insurance Agency
2097 East State St., Suite A Athens, OH 45701
(740)593-6688 866-593-6688

www.reedbaurinsurance.com



Protect your child with Student Accident Insurance

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Online Enrollment—Secured Accident & Health Plans
Coverage can be purchased any time throughout the year.

Checks, money orders, or credit cards accepted.
DO NOT SEND CASH

Serviced by: **K&K Insurance Group, Inc.**
Phone: 855-742-3135



www.studentinsurance-kk.com

K-12 Student Accident Insurance Enroll Online



www.studentinsurance-kk.com

Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help. If you don't have health care coverage, student accident insurance is vital. **If you are covered by a health care plan, student accident insurance can fill the gap by paying deductibles and copays that may cause financial harm to your family.**

K-12 Accident Plans available through your school:

- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

How to Enroll Online

Enrolling online is easy and should take only a few minutes. Go to www.studentinsurance-kk.com and click the **"Enroll Now"** button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.studentinsurance-kk.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo. Si no tiene cobertura de seguro de salud, un seguro contra accidentes para estudiantes es fundamental. **Si cuenta con la cobertura de un plan de atención de la salud, un seguro contra accidentes para estudiantes puede cubrir la brecha y pagar los deducibles y los copagos que podrían generar un perjuicio económico para su familia.**

Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:

- Sólo accidentes en la escuela
- Sólo accidentes, 24 horas
- Dental extendido
- Fútbol

Cómo inscribirse en línea

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite www.studentinsurance-kk.com y haga clic en el botón **"Enroll Now"** ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte www.studentinsurance-kk.com. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.



Add www.studentinsurance-kk.com to your school's website

Adding a link to your school's website may make it easier for parents to enroll their students in your endorsed student insurance plan. Our website, www.studentinsurance-kk.com, provides easy online enrollment. You can choose from simply adding a simple text link or something more descriptive

Suggested samples for adding www.StudentInsurance-KK.com to your school/district website:

As you select a listing from the samples below, please set up your choice with a hyperlink to <http://www.studentinsurance-kk.com>

1. Simple Text Options (with hyperlink)

- example a.* **Enroll in Student Insurance Here**
example b. **Quote/Buy Student Insurance Online**

2. Descriptive Text Options (with hyperlinks)

- example a.* **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 2 hyperlink options (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance Group to make reliable coverage available to parents. If you don't have other insurance, this plan may be a resource to consider. Additionally, even if you have other coverage, this plan can help fill expensive "gaps" caused by deductible and co-pays. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

- example b.* **Student Accident Insurance** and the following paragraph either directly below or as a popup option. The paragraph also contains 1 hyperlink option (in bold).

*Our school/district has selected the **Student Insurance Plan** from K&K Insurance to make reliable coverage available to parents. Coverage may be purchased at any time during the school year by visiting www.studentinsurance-kk.com.*

If you do not have the ability to add links to your website, simply pass this sheet along to the technology team responsible for your school/district website. You may encourage individual schools to add this to their own sites as well. If you need additional assistance, please send an email to info@studentinsurance-kk.com.

IMPORTANT NOTICE - FRAUD WARNING

- **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island 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 Alabama:** 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 restitution fines and confinement in prison, or any combination thereof.
- **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 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 Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.
- **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Virginia:** 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 false or deceptive statement may have violated state law.

2021/2022 Ohio Voluntary Student Accident Insurance

Underwritten By: Axis Insurance Company
Administered By: K&K Insurance Group, Inc.

Coverage Plans and Rates

<p>24-Hour Accident Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football</p>	<p>Low Option: \$112.00 High Option: \$165.00</p>
<p>24-Hour Accident (Summer Only Coverage) Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.</p>	<p>Low Option: \$39.00 High Option: \$51.00</p>
<p>At-School Accident During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.</p>	<p>Low Option: \$30.00 High Option: \$38.00</p>
<p>Extended Dental (Accident Only) Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage – Limited to Covered Person's policy effective dates and accident only coverage option selected. Replaces standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of \$10,000 per policy term.</p>	
<p>High School Football Play or practice of regularly scheduled football.</p>	<p>Low Option: \$176.00 High Option: \$293.00</p>
<p>High School Football (Spring Only) For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.</p>	<p>Low Option: \$76.00 High Option: \$124.00</p>

Schedule Of Benefits

Accident Medical Benefit

Scope of Coverage Applicable to Accident Medical Benefits

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Full Excess Medical Expense

Total Maximum for all Accident Medical Benefits	\$25,000
First Covered Expenses must be incurred within	60 days after the Covered Accident
Benefit Period	52 weeks from the date of the Covered Accident
Deductible	\$0
Deductible applies to	each Covered Accident
Deductible must be satisfied within	52 weeks from the date of the Covered Accident

Low Option

Inpatient Hospital Services

Room and Board Expenses

Semi-Private Room

Up to \$150 per day

Miscellaneous Expenses

\$600 maximum per day

Physician's Visits (limited to one visit per day)

\$40 first day/\$25 each subsequent day

Ambulatory Medical Center

\$1,000 maximum

Emergency Room Treatment (treatment must be rendered within 72 hours from the time of the injury)

\$150 maximum

Surgery

\$1,000 maximum

*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

Assistant Surgeon

100% of Usual and Customary Charges

*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration

100% of Usual and Customary Charges

*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day)

\$40 first day/\$25 each subsequent day

Outpatient X-ray	\$200 maximum
Outpatient Diagnostic Imaging Services	\$300 maximum
Outpatient Laboratory	\$50 maximum
Outpatient Physiotherapy (limited to one visit per day) (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$30 first day/\$20 each subsequent day, 5 day maximum

Ambulance Services (Air and Ground)	\$300 maximum
Medical Equipment Rental (Includes Orthopedic devices)	\$75 maximum

Dental Services	\$10,000 maximum per policy term
Prescription Drugs	\$75 maximum
Consultant	\$200 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids	100% of Usual and Customary Charges

High Option

Inpatient Hospital Services	
Room and Board Expenses	
Semi-Private Room	80% of Usual and Customary Charges
Miscellaneous Expenses	\$1,200 maximum per day
Physician's Visits (limited to one visit per day)	\$60 first day/\$40 each subsequent day

Ambulatory Medical Center	\$1,200 maximum
Emergency Room Treatment (treatment must be rendered within 72 hours from the time of the injury)	\$300 maximum

Surgery	\$1,200 maximum
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*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

Assistant Surgeon	100% of Usual and Customary Charges
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*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration	100% of Usual and Customary Charges
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*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day)	\$60 first day/\$40 each subsequent day
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Outpatient X-ray	\$600 maximum
Outpatient Diagnostic Imaging Services	\$600 maximum
Outpatient Laboratory	\$300 maximum
Outpatient Physiotherapy (limited to one visit per day) (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$60 first day/\$40 each subsequent day, 5 day maximum

Ambulance Services (Air and Ground)	\$800 maximum
Medical Equipment Rental (Includes Orthopedic devices)	\$140 maximum
Dental Services	\$10,000 maximum per policy term
Prescription Drugs	\$200 maximum
Consultant	\$400 maximum
Replacement of Eye Glasses, Contact Lenses or Hearing Aids	100% of Usual and Customary Charges

Accidental Death and Dismemberment Benefits

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage. This Aggregate Limit is payable only once, should more than one Condition of Coverage apply. We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Loss of Speech	\$5,000
Loss of Hearing (in Both Ears)	\$5,000
Loss of Hearing in One Ear	\$2,500
Loss of Thumb and Index Finger of the same Hand	\$2,500
Exposure and Disappearance	Included

Exclusions

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
10. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
11. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
12. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
13. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
15. benefits will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Insured Person's household;

- c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
- d. the Insured Person.

EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
3. examination or prescriptions for, or purchase, repair or replacement of, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
4. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
5. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
6. repair or replacement of existing artificial limbs, eyes and larynx;
7. treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician

In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the *Schedule of Benefits*.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section.



Underwritten by:
AXIS Insurance Company
 Serviced by:
K&K Insurance Group, Inc.

MANDATORY & VOLUNTARY BLANKET MASTER INSURANCE APPLICATION

Coverage not available in the following states: AR, MD, NH, NY, WA

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder: Name of School/District Southern Local - Meigs
 Requested Effective Date: 8/1/2021 Requested Termination Date *(one year from the Requested Effective Date)*: _____
 Street Address: 106 Broadway Street, Suite 1, P O Box 147
 City: Racine State: OH Zip: 45771
 Mailing Address (if different): _____
 Contact Name: Christi Hendrix Title: Treasurer
 Phone: 740-949-2663 Fax: 740-949-2654
 Email: christi.hendrix@southernlocal.net

Mandatory Accident Coverage *(Coverage selected by school/district)*

Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities				
At-School Excluding Athletics & Activities				
Athletics & Activities				
Field Trip				
School Band				
JROTC				
Other <i>(Please Specify)</i>				
Other <i>(Please Specify)</i>				
Other <i>(Please Specify)</i>				
Total Mandatory Premium Due:				_____

Voluntary Accident Coverage

Estimated annual school enrollment *(total number of students)*: 708
 Grades *(mark one)*: PK-12 Elementary School Middle School High School
 Effective Date: 8/1/2021

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. 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.

<p>POLICYHOLDER SIGNATURE</p> <p><u>Christi Hendrix</u> <small>Authorized Signature of Applicant</small></p> <p><u>Christi Hendrix</u> <small>Printed or typed name of Applicant's Authorized Representative</small></p> <p><u>6/28/2021</u> <small>Date</small></p>	<p>LICENSED BROKER/AGENT SIGNATURE</p> <p>_____ <small>Licensed Broker/Agent</small></p> <p>_____ <small>License Number</small></p> <p>_____ <small>Date</small></p>
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1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 ph (855) 742-3135
 www.studentinsurance-kk.com
 CA License #0334819

WEB ENROLLMENT FLYER REQUEST FORM



Name of District: Southern Local - Meigs

IMPORTANT FOR SUPPLIES: An initial supply of web enrollment flyers will be shipped to the district office or one central location.

Supplies

Web Only Enrollment

Shipping

Ship flyers to:

District Office

Address: 106 Broadway Street, Suite 1, P O Box 147

Must be street address, not a PO box number.

City: Racine

State: OH

Zip: 45771

Attention: Christi Hendrix

Title: Treasurer

Date flyers needed: Before Aug

Do you want your flyers separated by campus?

No Please indicate quantity of flyers needed: _____

Yes Please indicate quantity of flyers below.

Campus Locations Please provide a list of campus locations so all locations will be listed on the website for online enrollment. You may attach a listing of all campuses or fill in below. If flyers are to be separated by campus, indicate number of flyers needed next to each campus location.

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Attention: _____ Title: _____

Number of
Flyers

Campus Name: _____
Address: _____
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Number of
Flyers

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City: _____ State: _____ Zip: _____
Attention: _____ Title: _____

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Flyers

Campus Name: _____
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Campus Name: _____
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City: _____ State: _____ Zip: _____
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Number of
Flyers

Campus Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Attention: _____ Title: _____

Number of
Flyers