

Cabot Public Schools

Dear Parents,

The Cabot School District has purchased Blanket Interscholastic Insurance Coverage for all students participating in extracurricular activities in grades 7 - 12. This provides secondary or supplemental coverage to students while actively engaged and participating in the play or practice of activities sponsored by the Arkansas Activities Association

This type of coverage is designed to **SUPPLEMENT** your other insurance by assisting with deductibles and balances left unpaid by your primary carrier. **YOU ARE REQUIRED TO HAVE PRIMARY INSURANCE COVERAGE.** This supplemental policy **MAY NOT** cover the full cost of medical treatment. Claims must be made within **30** days of the accident.

If you desire additional coverage for your child, you may view additional options at:
www.k12studentinsurance.com

Please call me at 743-3530 if you have any questions concerning the accident insurance.

Sincerely,

Rob Coleman
Athletic Director

PLEASE COMPLETE THE INFORMATION BELOW AND HAVE YOUR SON/DAUGHTER RETURN THIS FORM TO HIS/HER COACH OR SPONSOR. **ALSO, PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM.**

STUDENT'S NAME_____EXTRACURRICULAR ACTIVITY_____

PRIMARY INSURANCE CARRIER_____POLICYNUMBER_____

I HAVE READ THE ABOVE LETTER AND UNDERSTAND THAT I MUST MAINTAIN PRIMARY INSURANCE ON MY SON/DAUGHTER WHILE PARTICIPATING IN EXTRACURRICULAR ACTIVITIES.

PARENT'S SIGNATURE_____DATE_____

