

南加州中文學校聯合會會員學校
學生保險申請表
General Liability Insurance Application

Policy Period: 12-01-2003-12-01-2004

(Please Type or Print)

1. Member School Name (English) _____ (中文) _____
Mailing Address _____

2. School Location(s) (如校區多於兩個，請附加一張紙，將所有校區填寫清楚。)
Name (English) _____
Address _____

3. School District Name & Address or Landlord Name & Address

4. Class Session (s)	Class Days	Class Hours	Session Period(s)	Number of Students
Weekdays: M T W Th F		from _____ to _____	from ____ / ____ / ____ to ____ / ____ / ____	_____
Weekend: Sat Sun		from _____ to _____	from ____ / ____ / ____ to ____ / ____ / ____	_____
Other Arrangements _____				
Summer School				
Weekdays: M T W Th F		from _____ to _____	from ____ / ____ / ____ to ____ / ____ / ____	_____
Weekend: Sat Sun		from _____ to _____	from ____ / ____ / ____ to ____ / ____ / ____	_____
Other Arrangements _____				

5. Total Number of Student (學生總人數) _____ 6. Total Number of Classes (總班數) _____

7. Insurance Premium Amount (Select one for each applicable category) Payable to
SCCCS Check# _____

Regular School Session:

- 1) One day per week: \$12.00 x _____ (Total Number of Students) = \$ _____
2) More than one day per week: \$24.00 x _____ (Total Number of Students) = \$ _____
Total: = \$ _____

Insurance Coverage:

Limits of Insurance General Liability	\$1,000,000 / Each Occurrence
	\$2,000,000 / General Aggregate
Products Complete Operation	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Fire Damage Limit (any one fire)	\$100,000
Non-Owned & Hired Auto	\$1,000,000
Umbrella Liability	\$1,000,000

請注意：2003-2004 會費未繳的學校，本會不處理保險之申請。

We will not process your application until we receive your 2003-2004 membership fee.

受保學生年齡必須年滿五歲以上，Day Care Program 不在受保範圍之內。

Note: All insured students must be five (5) years old or elder.

Day care program is not insured by this policy.

Applicant Name (English) _____ (中文) _____

Signature _____ Title _____ Phone: () _____ Fax () _____