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: 12-01-2004 ~ 12-01-2005

(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____/____/____	_____
Weekdays: Sat Sun	from_____to_____	from____/____/____ to____/____/____	_____
Other Arrangements_____			
Summer School			
Weekdays: M T W Th F	from_____to_____	from____/____/____ to____/____/____	_____
Weekdays: 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)_____ (TOTAL # OF TEACHERS_____)

7. Insurance Premium Amount (Select one for each applicable category) Payable to

   SCCCS Check#_____.

   Regular School session:

   1) One day per week: $12.00x_____(Total Number of Students)=$_____

   2) More than once per week $24.00x_____(Total Number of Students)=$_____

   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
Limits of Umbrella Liability Coverage $1,000,000
   DEDUCTIBLE: $25,000 PER OCCURRENCE

請注意：2004~2005 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 2004-2005-membership fee.
受保險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(   )