

For His Glory Home School Co-op Insurance Worksheet 2019-2020 School Year

Name: _____

Child Name: _____ Age (as of September 1, 2019) _____

Child Name: _____ Age (as of September 1, 2019) _____

Child Name: _____ Age (as of September 1, 2019) _____

Child Name: _____ Age (as of September 1, 2019) _____

Child Name: _____ Age (as of September 1, 2019) _____

Accidental Medical Annual Premium Calculation:

Total Children Ages 5 & Under: _____ X \$ 5.00 = \$ _____

Total Children Ages 6 – 13: _____ X \$ 5.00 = \$ _____

Total Children Ages 14 – 18: _____ X \$ 5.00 = \$ _____

Volunteers (Mom) _____ X \$ 5.00 = \$ _____

Sub-total Accidental Medical \$ _____

General Liability Annual Premium Calculation:

Total Children Ages 5 & Under: _____ X \$ 5.25 = \$ _____

Total Children Ages 6 – 13: _____ X \$ 5.25 = \$ _____

Total Children Ages 14 – 18: _____ X \$ 5.25 = \$ _____

Volunteers (Mom) _____ X \$ 5.25 = \$ _____

Sub-total General Liability \$ _____

Total Insurance Premium Due \$ _____