

## Certification of Comparable Coverage

**To Parents:** Parents are responsible for maintaining insurance for their son/daughter while participating in athletics at Ironton High School. There are two options listed below.

### Option 1:

**Please list personal medical coverage below.**

I hereby certify that \_\_\_\_\_  
Student's Name

Is insured with:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Under Policy Number \_\_\_\_\_

### Option 2:

**Ironton High School Student Group Insurance is compulsory unless comparable insurance is maintained in effect which is listed above. This plan is excess coverage only. This plan becomes primary coverage in the event the student is uninsured.**

Guarantee Trust Life Insurance Company  
Kennedy Insurance Agency  
424 Lawrence Street

Policy Paid on:      Date \_\_\_\_\_

Policy Number : 44058076 - G

\_\_\_\_\_  
Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent or Legal Guardian's Signature

### **Please Note:**

If your policy should change during the course of the year, it is the parent's responsibility to contact the athletic director/coach.

Athletic Office Phone      532-5235  
\_\_\_\_\_