

McGriff Insurance Services, Inc. & K&K Insurance Group
CHARLOTTE-MECKLENBURG SCHOOLS
2024-2025 CMS MIDDLE SCHOOL FOOTBALL INSURANCE PREMIUM REPORT

NAME OF SCHOOL _____

	NAME (Print Clearly)			NAME (Print Clearly)	
	LAST,	FIRST		LAST,	FIRST
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
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18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
PLAYER COUNT: _____ X RATE: \$ _____ = \$ _____ PREMIUM					

ATTN: Athletic Director

- List only players who made the Middle School Team and any player injured during pre-season practice.
- Send this form to the Charlotte-Mecklenburg Schools Athletics Department by Tuesday, September 24, 2024, via Fax (980-343-5665).**
- Make sure to keep a copy for your records.

Administered by: McGriff Insurance Services, LLC.
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