

**McGriff Insurance Services, Inc. & K&K Insurance Group**  
**CHARLOTTE-MECKLENBURG SCHOOLS**  
**2024-2025 CMS HIGH 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		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
<b>PLAYER COUNT:</b> _____ <b>X RATE:</b> \$ _____ = \$ _____ <b>PREMIUM</b>					

ATTN: Athletic Director

- List only players who made the High School Team and any player injured during pre-season practice.
- Send this form to the Charlotte-Mecklenburg Schools Athletics Department by Wednesday, August 21, 2024, via Fax (980-343-5665).**
- Make sure to keep a copy for your records.

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