



Mandatory At-School Student Accident Insurance Plan

for Private Non-Boarding Schools, Grades Pre K-12
(For all states except New York)

Coverage Description:

Mandatory At-School Student Accident Plan designed for Private (Non-Boarding) Schools.

Coverage can include all activities conducted under the supervision of the School. Program includes optional coverage for overnight field trips or interscholastic sports for grades 7-12 (including Football). Group or team travel to or from a covered activity conducted under the supervision of the School is a covered activity.

No list or roster form is required for mandatory coverages because all participants in each coverage option must be insured.

Coverage Limits:

Maximum Limit: \$25,000 per injury per individual
 Accidental Death & Specific Loss* (see below for Specific Loss Schedule):
 Death: \$20,000 Specific Loss: \$20,000
 Deductible: \$0
 Benefit Period: 1 Year (3 Year Benefit Period in KS and OR)
 Coinsurance: 100% Reasonable & Customary for **Plan 1**
 70% Reasonable & Customary for **Plan 2**
 Type of Coverage: Excess (secondary) Coverage – Accident Only

*Specific Loss Schedule

For the loss of	Percent of the Face Amount		
Each Arm	75%	Speech	50%
Each Leg	75%	Hearing of Each Ear	25%
Each Hand	50%	Thumb and Index	
Each Foot	50%	Finger of the Same Hand	25%
Sight of Each Eye	50%		

Premium Rates for all states EXCEPT New York:

Class	Eligible Persons	Premium per Person Policy Year	
		Plan 1	Plan 2
1	Kindergarten & below	\$3.05	\$2.20
2	Grades 1-6	\$7.15	\$5.35
3	Grades 7-8 <i>excluding interscholastic sports</i>	\$7.15	\$5.35
4	Grades 7-8 <i>including interscholastic sports</i>	\$9.90	\$7.25
5	Grades 9-12 <i>excluding interscholastic sports</i>	\$9.35	\$6.85
6	Grades 9-12 <i>including interscholastic sports except football</i>	\$24.20	\$18.00
7	Grades 9-12 Football	\$112.10	\$84.00
8	Teachers/Administrators	\$19.80	\$13.90
9	Overnight Field Trips (per school/school year)	\$292.00	\$208.00

Policy Minimum Premium is \$175.00

Ineligible Operations:

- Public Schools
- Private Boarding Schools
- Schools with annual tuition less than \$1,000

Exclusions:

We will not pay benefits for covered expenses incurred for:

- 1) The examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- 2) Treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- 3) Care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

- 4) Intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
- 5) War or an act of war, declared or undeclared; or
- 6) Air travel unless the insured is a passenger on a regularly scheduled flight or a properly licensed commercial airline.
- 7) Being under the influence of a narcotic unless it is administered on the advice of a doctor; and
- 8) Participation in a scheduled competitive event or meet by a person who is receiving benefits under the contract, unless he or she has a written statement from a doctor permitting such participation.



Mandatory At-School Student Accident Insurance Plan

Enrollment Form (For all states except New York)

A. General Information

Name of School: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Email: _____ Website Address: _____
 School location shipping address (if different than above): _____
 City: _____ State: _____ Zip: _____

B. School Information

Indicate if the school is a member in one of the following or specify an alternate association.

- | | |
|--|--|
| <input type="checkbox"/> American Association of Christian Schools | <input type="checkbox"/> National Association of Independent Schools |
| <input type="checkbox"/> North American Christian School Accrediting Association | <input type="checkbox"/> National Christian School Association |
| <input type="checkbox"/> Association of Christian Schools International | <input type="checkbox"/> National Association of Private Schools |
| <input type="checkbox"/> National Private Schools Accreditation Alliance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Association of Classical & Christian Schools | <input type="checkbox"/> None |
| <input type="checkbox"/> National Independent Private School Association | |

Please Note: Public Schools, Private Boarding Schools, and schools with annual tuition level less than \$1,000 are not eligible for coverage under this program.

Desired effective date: _____ (coverage is annual)

C. Premium Calculation		Premium per Person Policy Year			X	Number of Students	=	Premium
Class	Eligible Persons	PLAN 1 Rate	PLAN 2 Rate					
1	Kindergarten & below	\$3.05	\$2.20	X		=		
2	Grades 1-6	\$7.15	\$5.35	X		=		
3	Grades 7-8 <i>excluding interscholastic sports</i>	\$7.15	\$5.35	X		=		
4	Grades 7-8 <i>including interscholastic sports</i>	\$9.90	\$7.25	X		=		
5	Grades 9-12 <i>excluding interscholastic sports</i>	\$9.35	\$6.85	X		=		
6	Grades 9-12 <i>including interscholastic sports except football</i>	\$24.20	\$18.00	X		=		
7	Grades 9-12 Football	\$112.10	\$84.00	X		=		
8	Teachers/Administrators	\$19.80	\$13.90	X		=		
9	Overnight Field Trips (per school/school year)	\$292.00	\$208.00	X		=		

NOTE: All persons must be rated under the same plan (i.e. all under Plan 1 or all under Plan 2)

Total Premium: \$ _____
Policy Minimum premium is \$175.00

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

_____	_____	_____
Date	Signature of Insured	Title
_____	_____	_____
Date	Agent Signature	
_____	_____	_____
Agent Printed Name		Agent Number