

April 7, 2015

Ms. Lisa Caldwell Marion County Schools 755 East Main St. Lebanon, KY 40033

Dear Ms. Caldwell:

As you begin to plan for the 2015/16 school year, Roberts Insurance would like to thank you for the opportunity to service the student accident needs for Marion County Schools. We currently insure over 120 school districts and colleges across Kentucky. Our primary focus has been, is and always will be student accident insurance programs, products and consulting. Our personalized service and attention to detail throughout the entire year is essential for our mutual success.

For the 2015/16 school year, your renewal through K&K Insurance with Nationwide Life Insurance Company, including the \$7.5M Catastrophic coverage with National Union Fire Insurance Company is:

• Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$94,376.14

Additionally, we have obtained a quote from Liberty Mutual, including the \$7.5M Catastrophic coverage with National Union Fire Insurance Company for your consideration:

• 100% Usual & Customary with a \$1,000 limit on physical therapy - \$87,831.10

We look forward to the opportunity to service your insurance needs again next school year. If you have any questions, please contact us by phone at 1-877-757-2581 or email at joe@bobrobertsins.com or john@bobrobertsins.com.

Sincerely,

Bob Roberts, CLU

Ju PRt

Joe Roberts, ChFC

John Roberts, CIC

Kentucky Student Accident Plan #3 100% Reasonable Charges Plan with \$1,000 Physical Therapy Limit

Eligible Persons Are: Means any person who is a registered student, teacher, and/or coach of the policyholder.

Covered Activities: This policy covers each Eligible Person during the policy period while he or she is: a) participating in school related activities; 1) sponsored by the Plan Sponsor; and 2) on the premises designated and supervised by the Policyholder; or b) traveling with a group in connection with the activities under the direct supervision of the Policyholder c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

| ACCIDENT MEDICAL EXPENSE BENEFIT | Class 1 | |
|----------------------------------|---------------------------------|--|
| Maximum Benefit Amount: | \$25,000 per Insured per Injury | |
| Deductible: | \$0 per Insured per Injury | |
| Benefit Percentage: | 100% of R&C | |
| Loss Period: | 26 weeks | |
| Benefit Period: | 2 year | |

SCHEDULE OF BENEFITS

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within two years from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.

| Covered Expenses | Benefit Sub-Limits |
|-------------------|--------------------|
| Physical Therapy: | Maximum \$1,000 |

R&C = Reasonable Charges

| ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT | Class ALL |
|---|-----------|
| Aggregate Limit of Liability: | \$500,000 |
| Accidental Death Principal Sum: | \$10,000 |
| Specific Loss Principal Sum: | \$10,000 |
| See the Specific Loss Benefit Provision in the Policy for any | |
| applicable benefit reduction in the Principal Sum. | |

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.





Liberty Mutual Assist[™]

A Proposal Created Exclusively For:

MARION COUNTY Roberts Insurance & Investments 03/13/2015

Expecting the Unexpected



Dear Bobbi,

Thank you for providing Liberty Mutual Accident & Health the opportunity to quote Blanket Accident coverage. The following pages detail your customized Liberty Mutual policy and include benefits that will help mitigate and offset risk and provide tangible assistance in the event of an incident for the Policyholder and the insured. More than simply a claims payment, Liberty Mutual Accident & Health will be there every step of the way.

Families can face considerable financial and emotional obstacles when accidents occur, even into the weeks and months that follow. Your coverage with Liberty Mutual Accident & Health has been designed to provide greater customer value though flexible underwriting, efficient claims management and solutions to assist your customers when the unexpected happens.

For more information on this proposal or any of the Liberty Mutual Accident & Health solutions, please contact:

Cindy Wagner, CLU 353 Sacramento Street, Suite 600 San Francisco, CA 94111 415-983-4541 Cindy.Wagner@Libertymutual.com

libertymutualaccident.com



Liberty Mutual Assist™

Liberty Mutual Assist[™], part of the Liberty Mutual Accident & Health solutions line of insurance products, is more than an ordinary blanket accident policy. It provides a comprehensive solution to accidents. We know that events that impact lives, like accidents, can be disruptive and distressing. Our desire is to work with you and your customer to assist in mitigating accidents and be there for them if an accident occurs.

Liberty Mutual Assist[™] offers more than just a claims payout, including knowledge-based mitigation programs, tangible benefits in case of accident based on expert analysis of realworld risk and wellness benefits which are provided in the knowledge that the effects of accidents can be not only disruptive, but also progressive. These programs and benefits can be activated in the event of accident, before an accident or in the months that follow (restrictions apply).

These benefits include:

- Access to Accident Mitigation Tools, such as webinars and newsletters
- Accident Benefits Outlined in the Proposal
- Telephonic with Face-to-Face Counseling Model Bundled with work-life services, including:

O Unlimited Telephonic Counseling Sessions with a Wellness Specialist
O 3 Face-to-Face, In-Person, Counseling Sessions per Problem per Year
O Access to Enhanced Financial Tools & Peer-to-Peer counselling services

- Travel Assistance Services while 100 miles or more from home, including:
 - Assistance Services for Emergency Evacuation
 - Assistance Services for Repatriation of Remains
 - Transfer of Funds
 - Medical Referral Services



Wellness Benefits

Liberty Mutual Accident & Health's focus is on first-call problem resolution. Policyholders speak to clinicians who have special expertise in assessing problems and assisting in developing action plans, with resources provided to address callers' specific issues, including detailed educational materials to the callers via e-mail and referrals to community resources or benefit-covered services.

After the action plan is developed, we will arrange local referrals through a nationwide network of providers for in-person sessions as appropriate. The insured will be eligible for 3 in-person counseling sessions per problem per year at no cost to the Insured.

We at Liberty Mutual Accident & Health know that lasting effects resulting from an accident can be stressful and often take a larger toll than expected. Therefore, we include unlimited access to telephonic financial consultation which can be applied to a parent or legal guardian, lasting up to 60 minutes per consultation; in-person consultation is available for certain complex matters; and unlimited online access to interactive tools including financial calculators and personal investment tools.



Why Liberty Mutual Accident & Health?

Liberty Mutual Insurance is a diversified global insurer and the third-largest property and casualty insurer in the U.S. based on 2012 direct written premium, as reported by the National Association of Insurance Commissioners. As of December 31, 2013, Liberty Mutual Insurance had \$121.2 billion in consolidated assets, \$102.2 billion in consolidated liabilities and \$38.5 billion in annual consolidated revenue. The company ranks 81st on the Fortune 500 list of largest U.S. corporations based on 2012 revenue. Liberty Mutual Insurance currently employs over 50,000 people in approximately 900 offices throughout the world.

As a division of Liberty Mutual Insurance, Accident & Health embodies the philosophy of "helping people live safer, more secure lives," which h as g u i d e d the c o m p a n y since 1912. We are dedicated to working with our independent brokers to provide greater value outside the insurance transaction. Our solutions are designed to help mitigate risk as soon as a policy is written



and will provide benefits and assistance when the unexpected occurs.

Liberty Mutual A&H is led by a team of experienced underwriters and sales executives which means you can expect timely responses and answers. We value you and your client's time and business, and work diligently to provide superior service. Together with an efficient claims service from a company with a dedication to doing the right thing, you will find we don't just value our relationship with you – we work at it.

Liberty Mutual Insurance is rated "Excellent" (A) from the A.M. Best Company, "Good" (A2) from Moody's Investors Service and "Strong" (A-) from Standard & Poor's.

Based on 2012 direct premiums written as reported by the National Association of Insurance Commissioners.



Premium Summary -

| Total Premium including \$7.5M Catastrophic | \$ 87,831.10 |
|---|--------------|
| | |
| Rate Guarantee | 1 Year |

Program Description –

Eligibility:

Class 1: All registered students, faculty and coaches of the Policyholder.

| BENEFIT | BENEFIT AMOUNT & DETAIL |
|----------------------------------|----------------------------------|
| Accidental Death | Maximum Amount: \$10,000 |
| Accidental Dismemberment | Maximum Amount: \$10,000 |
| Accident Medical | Maximum Amount: \$25,000 |
| | 100% Usual & Customary |
| | \$0 Deductible |
| | Excess Basis |
| | 180 day incurral period |
| | 2 year benefit period |
| Outpatient Physiotherapy Benefit | 100% of the Usual & Customary |
| | Charge up to \$1,000 per Covered |
| | Injury |





Conditions of Coverage:

SCHOOL COVERAGE

means all circumstances, subject to the terms and conditions of the Policy, arising from and occurring while the Insured Person is participating in or attending regularly-scheduled classroom instruction, regularly-scheduled and supervised recess or lunch period, a study period or special instruction period supervised by a member of the School's faculty, a Supervised and Sponsored School Activity or Covered School Travel.

Covered School Travel includes travel, only within the United States and directly and without interruption:

- 1. between home and School;
- 2. between home and another meeting place designated by the School;
- 3. between home and another School or site designated by the School, where a Supervised and Sponsored School Activity is scheduled;
- 4. between the School or other meeting place designated by the School, and another School or site designated by the School, where a Supervised and Sponsored School Covered Activity is scheduled

Covered Sports and Activities: All school sanctioned activities including interscholastic sports and extracurricular activities.

Travel: Included, United States only

Description of Benefits

Accidental Death

The Accidental Death benefit pays a fixed dollar amount for a covered insured that perishes due to a covered accident or unavoidable exposure to the elements.

Accidental Dismemberment

The Accidental Dismemberment benefit pays a fixed dollar amount to a covered insured for an occurrence of any of the following covered dismemberments or injuries:

| Loss of Two or More Hands or Feet | \$10,000 |
|---|----------|
| Loss of Sight in Both Eyes | \$10,000 |
| Loss of Speech and Hearing (in Both Ears) | \$10,000 |
| Loss of One Hand or Foot and Sight in One Eye | \$10,000 |
| Loss of One Hand or Foot | \$5,000 |
| Loss of Sight in One Eye | \$5,000 |
| Loss of Speech | \$5,000 |
| Loss of Hearing (in Both Ears) | \$5,000 |
| Loss of Thumb and Index Finger of the Same Hand | \$2,500 |

Excess Accident Medical Plan

Benefits are payable if an Insured Person incurs covered medical expenses due to a Covered Injury. Typically this plan pays the covered medical expenses after all other plans have paid the covered expenses after the Covered Accident.

Telephonic Counseling Services Benefit:

Our focus is on first-call problem resolution. Callers speak to wellness clinicians who have special expertise in assessing problems and assisting in developing action plans, with resources provided to address callers' specific issues, including detailed educational materials to the callers via e-mail and referrals to community resources or benefit-covered services.

Face-to-Face Counseling Services Benefit:

Our session model provides initial telephonic assessment along with assistance in developing a plan of action to address personal issues. Wellness consultants assess callers' problems and help them develop an action plan. They arrange local referrals through a national network of wellness providers for in-person sessions as appropriate. Insured will be eligible for 3 in-person counseling sessions per problem per year at no cost to the Insured.

Financial Benefit:

Unlimited access to telephonic financial consultation, lasting up to 60 minutes per consultation; in-person consultation is available for certain complex matters. If insured is under the age of 18, benefit may be applied to parent or legal guardian.



Common Exclusions

Benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the policy:

- 1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
- 2. Commission or attempt to commit a felony or an assault;
- 3. Commission of or active participation in a riot or insurrection;
- 4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
- 5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
- 6. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon the Company's receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- 7. Travel or activity outside the United States, Canada or Mexico to any country for which a travel warning has been issued or renewed by the U.S. State Department within 60 days prior to date of departure and any country to which travel by U.S. citizens is restricted or prohibited;
- 8. Flight in, boarding or alighting from an Aircraft, except as: a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
- 9. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including intentional exposure to viral, bacterial or chemical agents whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 10. Participation in any motorized race or contest of speed or stunt show;
- 11. Injuries compensable under Workers' Compensation law or any similar law;
- 12. Participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder whether or not it takes place on Policyholder premises or during normal School hours, during a Covered Activity, including snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded).

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- 1. employed or retained by the Policyholder;
- 2. a Resident of the Same Household;
- 3. an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
- 4. the Insured Person.



Accident Medical Expense Exclusions

In addition to the Common Exclusions, the following will not be considered Covered Expenses under Accident Medical Expense unless coverage is specifically provided:

- 1. Routine physical and care of any kind;
- 2. Routine dental care and treatment;
- 3. Immunizations of any kind;
- 4. Cosmetic or plastic surgery, except as the result of a Covered Injury;
- 5. Routine nursery or routine child care;
- 6. Any mental or nervous disorders;
- 7. Pre-existing Condition;
- 8. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids unless Necessary Treatment of a Covered Injury;
- 9. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
- 10. Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
- 11. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether Unites Stated federal or foreign law;
- 12. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
- 13. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- 14. Repair or replacement of existing dentures, partial dentures, braces or bridgework;
- 15. Personal services such as television and telephone or transportation;
- 16. Expenses payable by any automobile insurance policy without regard to fault;
- 17. Repair or replacement of existing artificial limbs, eyes and larynx;
- 18. Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed;



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These coverages are subject to certain limitations, exceptions and exclusions, so please consult the attached specimen policy and/or your insurance agent to better understand your coverage.

Travel Assistance Benefits are administered by EuropAssistance USA.

Security Assistance administered by red24.

LMAHP 001

Kentucky Student Accident Insurance

Catastrophic

• Underwritten through National Union Fire Insurance Company

BENEFITS

Aggregate Limit of Indemnity

All Conditions of Coverage \$7,500,000 Full Excess Coverage

ACCIDENT MEDICAL BENEFIT

Scope of Coverage Applicable to Accident Medical Benefits

- Total Maximum for all Accident Medical Benefits \$7,500,000
- Benefit Period 10 years from the date of the Covered Accident
- Catastrophic Cash Benefit- Maximum \$500,000
- Deductible \$25,000 applies to each Covered Accident (Satisfied by Base Policy)
- Deductible must be satisfied within 24 months from the date of the Covered Accident