



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Student Insurance Division

Michael W. Chymiy
Area Senior Vice President
Phone: (973) 921-8025
Fax: (973) 921-2876

June 24, 2015

Malcolm Blane
Higgins Insurance & Benefits
1819 East 9th Street
PO Box 552
Hopkinsville, KY 42240

Re: Student Accident Insurance Renewal

Dear Malcom:

It's time to renew the Student Accident Insurance coverage you have placed through us for the 2015-2016 school year.

We feel that our plan offers among the richest benefits, highest maximums, and longest benefit periods available. We have been administering Student Insurance plans since 1946 and now provide this coverage to more than 1,300 school districts throughout the country.

We have enclosed a renewal proposal including the price quotation to renew your client's current coverage. To renew this coverage, just sign the proposal and send it back as soon as possible. If you would like to consider some alternative plan designs, we offer a wide choice of plan options and I would be happy to explain these options to you in detail.

If you have any questions, just give me a call at 1-800-350-8005 Ext. 8025.

Sincerely,

Michael W. Chymiy

Michael W. Chymiy
Area Senior Vice President

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for
Dawson Springs Independent

Bollinger Contact: Michael W. Chymiy
Phone Number: 1-800-350-8005, Ext. 8025
Carrier: Zurich
Supplies Sent To: Individual Schools
Broker Name: Higgins Insurance & Benefits

Proposal Type: Renewal
Proposal #: 029228
Plan Year: 2015-2016
Policy #: To Be Assigned
Effective Date: 8/1/2015
Expiration Date: 7/31/2016

Student Coverage Including Interscholastic Athletics Except Football

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
All Students & Athletes	Plan 1	\$5,000,000	10 Year	Excess	\$0

Coverage applies worldwide for school sponsored and supervised activities. Coverage includes \$1000 maximum benefit on Physiotherapy.

Annual Premium: \$8,740.00

Extended Student 'Round-the-Clock Coverage

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
Voluntary Students	Standard Plan	\$500,000	5 Year	Excess	\$0

The Extended 24 Hour 'Round-the-Clock Voluntary Plan is purchased on an individual basis by Students.

Voluntary Student Plan Rate is \$76.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ Title: _____ Date: _____

To renew coverage, please sign and return this form in the enclosed envelope as soon as possible.

This quote letter provides a summary of the coverage to be provided and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Zurich American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this quote and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms and conditions of the policy as issued.

***Bollinger Insurance
Student Accident Enrollment Information Form***

Dawson Springs Independent

Enrollment

Please verify that enrollment information is correct. Indicate changes where necessary. Please sign, date and return in the enclosed envelope. This enrollment information is used to generate supply orders for your district. Accuracy will help to eliminate shortages. Thank you for your cooperation.

Enrollment by School

School Name

Dawson Springs Independent

Enrollment

710

Indicate Changes

Total District Enrollment: 710 _____

Accepted: _____ **Title:** _____ **Date:** _____

AME Exclusions

EXCLUSIONS:

In addition to the General Exclusions stated in the **Policy**, **We** will not cover expenses under this additional benefit for:

1. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
2. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
3. Any expenses for a **Pre-existing Condition**
4. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
5. Personal comfort or convenience items, such as **Hospital** telephone charges, television rental, or guest meals.
6. Treatment by any immediate family member or member of the **Insured's** household.
7. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
8. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
9. A hernia.
10. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
11. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
12. Expenses which the **Insured** is not legally obligated to pay.
13. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
14. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
15. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
16. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including Osgood-Schlatter Disease.

SECTION IV – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
11. participation in any team sport or any other athletic activity unless mentioned in the **Covered Activities**.
12. any condition for which the **Insured** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
13. the **Insured** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
14. any loss incurred while outside the United States, its territories or Canada.