



April 11, 2016

Roberts Insurance would like to thank you for the opportunity to provide quotes for your Student Accident Insurance. Our primary focus has been, is and always will be Student Accident Insurance programs, products, and consulting. What differentiates Roberts Insurance from other agencies is our philosophy that student insurance programs should be uniquely designed for each individual institution. Our personalized service and attention to detail throughout the entire year is essential for our mutual success. As a result of continued support, we now insure over 120 districts throughout the state.

For the 2016/17 school year, we are pleased to offer Marion County Schools the following quote through Berkley Life & Health, including the \$7.5M Catastrophic coverage with National Union Fire Insurance Company:

- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$87,831.10**

Additionally, we have obtained a quote with K&K Insurance, underwritten by Nationwide Life Insurance Company, including the \$7.5 million Catastrophic policy with National Union Fire Insurance Company for your consideration:

- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$100,821.49**

We have also secured a quote from K&K Insurance, underwritten by Zurich American Insurance Company, including the \$7.5 million Catastrophic policy with National Union Fire Insurance Company:

- **100% Usual & Customary with a \$1,000 limit on physical therapy - \$107,517.49**

The following option is also available with Starr Indemnity & Liability Company, including the \$7.5 million Catastrophic policy with National Union Fire Insurance Company:

- **100% Usual & Customary with a \$1,000 limit on physical therapy - \$90,622.49**

If you have any questions, please contact us by phone at 859-623-7684 or toll-free at 1-877-757-2581. We can also be reached by email:

Bob Roberts:	bob@bobrobertsins.com
Joe Roberts:	joe@bobrobertsins.com
John Roberts:	john@bobrobertsins.com

We appreciate the opportunity to handle your insurance needs again during the upcoming school year. We look forward to hearing from you!



BERKLEY

Accident and Health

a W. R. Berkley Company

KENTUCKY K-12 STUDENT ACCIDENT INSURANCE

BASIC OPTION – PLAN 3

CLASSES OF ELIGIBLE PERSONS:

Option 1: All registered students, teachers and coaches of the Policyholder.

Option 2: All registered student athletes of the Policyholder.

AGGREGATE LIMIT OF LIABILITY:

Benefit Maximum	\$500,000
Applies During	per Covered Accident
Applies To	Accidental Death & Dismemberment Benefits only

HAZARDS INSURED AGAINST:

Option 1: School & Sports Coverage

Option 2: Sports Coverage

Covered Activity(ies):

Option 1: The 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; or C) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

Option 2: The policy covers each eligible person during the policy period while he or she is: A) participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder 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.



BERKLEY

Accident and Health

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ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS	
Principal Sum:	\$10,000
Time Period for Loss	180 days
ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT	
Total Benefit Maximum for all Accident Medical	\$25,000
Loss Period (first Covered Expenses must be incurred within)	180 days after the Covered Accident
Benefit Period	2 years from the date of the Covered Accident
Deductible	\$0
Terms of Payment	Full Excess
Outpatient Physical Therapy	\$1,000

Any Deductibles, Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis. 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.

ADDITIONAL ACCIDENT BENEFITS

Coma Benefits are paid in addition to any Accidental Death and Dismemberment benefits payable.

Coma Benefit	1% of the Principal Sum for the first 11 months; lump sum up to 100% of Principal Sum for the 12 th month
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IMPORTANT INFORMATION:

This brochure presents only a summary of the benefits, limitations and exclusions provided under insurance policy form series AH51051. Please refer to the actual policy for a complete description of all the coverages and benefits along with all the conditions, limitations and exclusions applicable under the policy.

If there is a conflict between this brochure and the issued policy, the issued policy will prevail. Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. Coverage under the policy may not be available in all states. For complete details, please contact us at SpecialRiskSolutions@BerkleyAH.com.

Coverage under the policy does not constitute comprehensive health insurance or major medical insurance coverage. It therefore does not, nor it is intended to, satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company and/or StarNet Insurance Company, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best.

VISIT OUR WEBSITES – Company Website: www.BerkleyAH.com • Corporate Website: www.WRBerkley.com

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.



Proposal

Group Sponsored and Special Risk Accident plan

Based on the information provided to us, Zurich American Insurance Company is pleased to present a quote for the following Group Sponsored and Special Risk Accident plan for:

Proposed policyholder: Marion County Public Schools

Proposed policy effective date: July 1, 2016

Policy forms: BMC-100-A KY Blanket Accident Policy

Eligibility:	All Registered Students of the Policyholder.
Covered Activity:	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.
Benefit(s):	<p>ACCIDENTAL DEATH BENEFIT</p> <ul style="list-style-type: none">• Benefit Amount: \$10,000 <p>ACCIDENTAL DISMEMBERMENT BENEFIT</p> <ul style="list-style-type: none">• Maximum Benefit Amount: \$10,000 <p>EXPOSURE AND DISAPPEARANCE COVERAGE</p> <p>ACCIDENT EXCESS INTEGRATED MEDICAL EXPENSE BENEFIT</p> <ul style="list-style-type: none">• Maximum Benefit Amount: \$25,000• Deductible: \$0• Percentage of Usual & Customary Expenses: 100%• First Treatment or Service Occurs Within: 180 days• Expenses Incurred Within: 104 weeks• Physical therapy Max Benefit: \$1,000



Roberts Insurance

**QUOTE PROPOSAL
BLANKET ACCIDENT INSURANCE**

Please note that coverage and/or terms being offered may not be the same as requested. Please read carefully.

Primary Named Insured	Marion County Public Schools
Mailing Address	755 East Main St. Lebanon, KY 40033
Company	Starr Indemnity & Liability Company
Commission	15%
Effective Date (from-to)	August 1, 2016- August 1, 2017
Prepared Date	April 11, 2016
Aggregate Limit	\$500,000

HAZARDS INSURED AGAINST:

Sports Coverage
School Coverage
Supervised and Sponsored Activities
At School Coverage
Interscholastic Athletics Coverage

Covered Activities:

All school Supervised and Sponsored Activities including, but not limited to, interscholastic sports

Classes of Eligible Persons:

All enrolled students and student athletes of the Policyholder

BENEFITS:

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance:	\$10,000
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Loss Period:	365 days from the date of the Covered Accident
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ACCIDENTAL MEDICAL AND DENTAL EXPENSE BENEFIT

Total Benefit Maximum for all Accident Medical and Dental:	\$25,000
Loss Period (first Covered Expenses must be incurred within):	90 days after the Covered Accident
Benefit Period:	2 Years after the Covered Accident
Deductible:	\$0
Coinsurance:	100% of Usual and Customary Charges
Terms of Payment:	Full Excess

The unallocated Accident Medical Expense Benefits shown in the Schedule of Benefits are replaced with the following:

ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS

Covered Expenses-Outpatient

- Physical Therapy Treatment: \$1,000 per Covered Injury

Any Deductibles, Coinsurance, Benefit Periods, and Benefit Maximum apply on a per Covered Person, per Covered Accident basis.

PLEASE NOTE THAT THIS QUOTE IS VALID FOR NINETY (90) DAYS.

Please Bind Effective: _____

Agent: _____

Signature: _____

Date: _____

Schedule of Forms

<u>Form Number</u>	<u>Form Name</u>
AH-20008	Schedule of Benefits
AH-20001	Blanket Accident Policy
AH-20007-KY	Administrative Change Rider
AH-20005-KY	Kentucky Rider
AH-20011-KY	Administrative Change Rider

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

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

- Accidental Death Benefit Maximum: \$10,000
- Accidental Dismemberment Benefit Maximum: \$20,000