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

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 your client's Student and Athletic Accident Insurance coverage for the 2016-2017 school year.

We feel our plan offers among the richest benefits, highest maximums, and longest benefit periods available. Bollinger Specialty Group is celebrating its 70th year of providing Student Accident Insurance to public school districts, private schools, charter schools, parochial schools, nursery schools and daycare centers nationwide.

We have enclosed a renewal proposal including the price quotation to renew your client's current coverage. To renew coverage, simply sign and return the proposal prior to the effective date. Please mail to the address listed below or email to Michael_Chymiy@ajg.com. 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 with 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
Phone: (973) 921-8025
Fax: (973) 921-2876

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for

Todd County Board of Education

Bollinger Contact:	Michael W. Chymiy	Proposal Type:	Renewal
Phone Number:	1-800-350-8005, Ext. 8025	Proposal #:	032694
Carrier:	Zurich	Plan Year:	2016-2017
Supplies Sent To:	NA	Policy #:	MCB5858888
Broker Representative:	Higgins Insurance & Benefits	Effective Date:	8/1/2016
		Expiration Date:	7/31/2017

Student Coverage Including Interscholastic Athletics & Football

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

This plan does not include Senior High School Athletes. Senior High Interscholastic Athletes, Cheerleaders, Student Coaches, Managers, and Trainers are not eligible for coverage under this plan.

Athletic Coverage Including All Interscholastic Sports & Football

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
All Athletes	Plan 1	$25,000	2 Year	Excess	$0

This plan covers Senior High School Athletes ONLY. Senior High Interscholastic Athletes, Cheerleaders, Student Coaches, Managers, and Trainers are eligible for coverage under this plan.

Annual Premium: $24,000.00

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, this form must be signed and returned prior to the effective date. Please

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 Specialty Group
BOLLINGER, INC., A SUBSIDIARY OF
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Zurich American Insurance Company
Plan Coverage Summary – Plan 1

Covered Medical Benefits	2016-2017
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	100% U&C
Medical Emergency Care	100% U&C
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	100% U&C
Outpatient Diagnostic X-Rays and Laboratory Test	100% U&C
Physician's non-surgical treatment	100% U&C
Physician's Surgical Procedures	100% U&C
Anesthesiologist	100% U&C
Registered Nurse	100% U&C
Physiotherapy	100% U&C
Non-Emergency Inpatient/Outpatient X-Rays	100% U&C
Diagnostic Imaging	100% U&C
Ambulance Expenses	100% U&C
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	100% U&C
Eyeglasses, Contacts or Hearing Aids	100% U&C
Prescription Drugs	100% U&C
Accident Dental	100% U&C

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

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.

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for

Todd County Board of Education

Bollinger Contact:	Michael W. Chymiy	Proposal Type:	Renewal
Phone Number:	1-800-350-8005, Ext. 8025	Proposal #:	032695
Carrier:	Zurich	Plan Year:	2016-2017
Supplies Sent To:	NA	Policy #:	MCB5859136
Broker Name:	Higgins Insurance & Benefits	Effective Date:	8/1/2016
		Expiration Date:	7/31/2017

Extended Student 'Round-the-Clock Coverage

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
Voluntary Students	Plan 3	$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, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Michael_Chymiy@ajg.com.

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

Plan Coverage Summary – Plan 3
Zurich American Insurance Company

Covered Medical Benefits	2016-2017
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	$5,000
Medical Emergency Care	$100
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	$1,000
Outpatient Diagnostic X-Rays and Laboratory Test	$750
Physician's non-surgical treatment	$250
Physician's Surgical Procedures	$5,000
Anesthesiologist	30% or Surgery
Registered Nurse	$350
Physiotherapy	$500; 10-visit max
Non-Emergency Inpatient/Outpatient X-Rays	$200
Diagnostic Imaging	$750
Ambulance Expenses	$1,000
Rehabilitative Limb Braces, Wheelchairs and other Medical Equipment/Appliances	$2,500
Eyeglasses, Contacts or Hearing Aids	$1,000
Prescription Drugs	100% U&C
Accident Dental	$4,000

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

Visit us on the web at www.BollingerSchools.com

AME Exclusions

EXCLUSIONS:

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

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Reinjury of the same body part within 6 months of the **Covered Accident** unless previously cleared by a **Physician** to practice or play
4. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
5. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
6. Any expenses for a **Pre-existing Condition**.
7. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
8. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals.
9. Treatment by any immediate family member or member of the **Insured's** household.
10. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury.**
11. 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**.
12. A hernia.
13. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
14. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
15. Expenses which the **Insured** is not legally obligated to pay.
16. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
17. 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.
18. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
19. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to 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.

Bollinger Specialty Group
Student Accident Contact and Enrollment Information Form

Todd County Board of Education

Contact Information

This form must be signed and returned with your signed acceptance.

School

Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email Address _____

Broker

Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email Address _____

Enrollment Information

Please verify that enrollment information is correct. Indicate changes where necessary. This enrollment information is used for underwriting purposes. Thank you for your cooperation.

Enrollment by School

School Name	Enrollment	Indicate Changes
Total District Enrollment:	**2,025**	_____

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