



Request for Coverage



School District: Todd County Board of Education

Address: 205 Airport Rd
Elkton, Ky 42220

Name of School(s)

Grades to be covered

North Todd Elementary

Presch - 5

South Todd Elementary

Presch - 5

Todd County Middle School

6 - 8

Todd County Central High School

9 - 12

Todd County Academy / Horizons

Premium Due \$ _____

Effective Date of Coverage: 7-1-08 - 6-30-09

School Official Name: Michael Kenner, Superintendent

Phone Number: 270-265-2436 Fax Number: 270-265-5414

School Official Signature: _____ Date: 4-16-08

Mail payment along with this completed form to:



R.J. Roberts, Inc., Bob Roberts, CLU
P.O. Box 1177, 527 W. Main Street
Richmond, Kentucky 40475

Phone: 859-623-7684 Fax: 859-623-0242
Toll Free: 877-757-2581

R. J. Roberts, Inc.
P.O. Box 1177
Richmond, KY 40476-1177

V. REQUEST FOR PARTICIPATION AND COVERAGE:

The Participating School or School District (the Participant) requests insurance to cover eligible individuals under the Mutual of Omaha Insurance Company Nebraska Student Insurance Trust (the Trust) policy of insurance issued by Mutual of Omaha Insurance Company to the Trust. The Participant agrees to be bound by the terms of the Trust and by the terms of the Policy. The Participant understands and agrees that; (1) this request for participation and coverage does not assure acceptance as a Participant under the Trust; (2) neither this request nor payment of money to be applied toward premium shall cause insurance coverage to become effective on an individual basis; (3) if a Participant is accepted by the Trust and until any eligible individual for whom coverage is requested satisfies the eligibility requirements established by the Participant and, if applicable, such eligible individual is accepted by the Company; (4) the Participant has seen and understands the benefits provided by the Policy and agrees to pay the required premium to the Company when due; and (5) the insurance is subject to the terms of the Policy which alone constitutes the agreement under which insurance benefits are paid. Acceptance of this request is subject to the terms of the Trust and to the terms of the Policy. The Company will notify the Participant of its approval or disapproval of this request. A notice of approval will specify the effective date of the Participant's insurance or changes in coverage. Upon approval, the Company will deliver a benefit plan description to the Participant. Coverage will become effective on the Desired Effective Date specified in the request or on the date this request and the premium are received by the Company, whichever is later.

signed X

Authorized Representative of School

Title

Witness:

Date:

Underwritten by: Mutual of Omaha Insurance Company
Home Office: Omaha, NE

RI
ROBERTS INSURANCE

527 W. Main Street, P.O. Box 1177
Richmond, KY 40476-1177
(859) 623-7684 Phone (859) 623-0242 FAX
www.bobrobertsinsurance.com

Dear Administrator:

Once again, thank you for the opportunity to handle your student insurance needs. If you plan to offer **voluntary** coverage to your students for the 2008-2009 school year, please indicate the number of brochures you will need below. Please keep in mind that this coverage is available to individual students at no additional cost to the district. Also, please complete the enclosed application and return to us, along with your basic and catastrophic applications, in the envelope provided. We need the applications back as soon as possible so that we can have your supplies shipped in a timely manner.

If you do not wish to offer voluntary coverage, please indicate below and return, as well.

If you have any questions, please give us a call at 1-877-757-2581. We look forward to working with your school system.

Sincerely,

Bob, Joe and John Roberts

Name of District

Todd County Board of Education



Our district **will** participate in the voluntary program and we need 2100 brochures. Send to the attention of Makke Wheeler.
(Insert #)

☐ Our district **will not** participate in the voluntary program.

Does your district purchase their general liability from KSBIT? Yes/No

RI
ROBERTS INSURANCE

527 W. Main Street, P.O. Box 1177
Richmond, KY 40476-1177
(859) 623-7684 Phone (859) 623-0242 FAX
www.bobrobertsinsurance.com

April 1, 2008

Mr. Michael Kenner
Todd County Schools
804 S. Main St.
Elkton, KY 42220

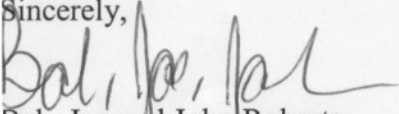
Dear Mr. Kenner:

Once again it is time to renew your Student Accident Insurance. Thousands of students are injured every year in school related activities. Our office services the insurance needs of over **130** school districts throughout the state of Kentucky.

Our student accident plan:

- provides Basic coverage for **100% of the Usual and Customary** charges without scheduled benefits up to \$25,000.
- provides a **lifetime** Catastrophic benefit of \$5 million.
- includes additional benefits for College Education, Special Expenses, Ancillary Illnesses or Injuries, Adjustment Expenses and Disability.
- is written with the same company that provides coverage for the KHSAA and NCAA.
- does not have a limit on the allowable number of physical therapy visits.
- provides automatic coverage for field trips, camps and summer athletic exposures and eliminates the need to purchase additional policies.
- is endorsed by the Kentucky School Boards Association and will qualify you for a 25% discount on their general liability coverage. Please contact Myron Thompson at 1-800-852-8912 for information.
- provides coverage for teachers and coaches.
- **is the most comprehensive student accident insurance policy in the marketplace today.**

For the 2008/2009 school year, your total premium will be \$20,020.11. In order to renew your coverage, please complete the enclosed applications and return in the envelope provided as soon as possible. If you have any questions, please give us a call at 1-877-757-2581. Again, thank you for the opportunity to handle the insurance for your district and we look forward to hearing from you.

Sincerely,

Bob, Joe and John Roberts