



February 20, 2017

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 2017/18 school year, we are pleased to offer Marion County Schools the following renewal through Berkley Life & Health, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$87,506.40**

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.



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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 12th month



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 Insurance

Catastrophic

- Underwritten through Zurich American 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