



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 2018-2019 school year.

We feel our plan offers among the richest benefits, highest maximums, and longest benefit periods available. Bollinger Specialty Group has provided Student Accident Insurance to public school districts, private schools, charter schools, parochial schools, nursery schools and daycare centers nationwide for more than 70 years.

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
Phone Number: 1-800-350-8005, Ext. 8025
Carrier: Zurich
Plan Year: 2018-2019
Broker Representative: Higgins Insurance & Benefits

Proposal Type: Renewal
Proposal #: 039128
Policy #: MCB5858888
Effective Date: 08/01/18
Expiration Date: 07/31/19

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*: \$20,400.00

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.

****Please note premium is contingent upon review of enrollment at the time of renewal.***

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

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Zurich American Insurance Company Plan Coverage Summary – Plan 1

| Covered Medical Benefits | |
|--|----------|
| 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.

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. 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
Phone Number: 1-800-350-8005, Ext. 8025
Carrier: Zurich
Plan Year: 2018-2019
Broker Name: Higgins Insurance & Benefits

Proposal Type: Renewal
Proposal #: 039129
Policy #: MCB5859136
Effective Date: 08/01/18
Expiration Date: 07/31/19

| 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.

Zurich American Insurance Company Plan Coverage Summary – Plan 3

| Covered Medical Benefits | |
|--|---------------------|
| 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 | \$375 |
| 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.

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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. Thank you for your cooperation.

Enrollment by School

School Name

Todd County Board of Education

Enrollment

2,025

Indicate Changes

Total District Enrollment:

2,025

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



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ARTHUR J. GALLAGHER & CO.

Student Accident Insurance



Why Bollinger Specialty Group?

Bollinger Specialty Group, has been proudly administering Student Accident Insurance for 70 years. We have become known as a leader in the industry with experience protecting over 36 million students since 1946.

Key program features that differentiate us in the marketplace include:

Carrier Relationships

We have built strong relationships with several carrier partners. As a result, we are able to provide numerous market options, which will allow you to select a program that works best both in terms of cost and plan design. All of our carrier partners are rated "A" or better for financial strength by A.M. Best.

Service

Relationships are the lifeline of our business; by not outsourcing our services, we make sure our clients receive the attention that they deserve. Our experienced team of in-house claim professionals, account managers, program administrators and underwriters are dedicated to providing you with the best possible service.

No Outsourcing of Claims

Our claims are administered in-house to ensure a level of exceptional service. We do not outsource. There is only one place to go to have all your questions answered.

Enhanced Claim Reporting Capabilities

We provide our clients with monthly, bimonthly or quarterly reports. Our enhanced claim reporting capabilities serve as a great tool to assist in risk management and cost-containment efforts.

Online Access to Student Accident Claim Status

Parents can easily and conveniently check the status of their child's claim from any computer or tablet, offering more control for the parents while reducing the volume of claim inquiries to district administrators.

Want Additional Information?

Bollinger Specialty Group

200 Jefferson Park

Whippany, NJ 07981

BollingerSpecialtyGroup@ajg.com

800.350.8005 Main

973.921.2876 Fax

www.bollingerschools.com

Bollinger Specialty Group is a MGU, MGA and TPA for several programs, including Rx, Dental, Student Accident and Medical.



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Online Access to Student Accident Claim Status

As a district administrator or superintendent, you deserve an industry leader who is dedicated to providing the tools and resources needed to ensure that your school(s) receive the highest level of service. Clients of Bollinger Specialty Group have provided positive feedback about our unique online claims portal. Parents can easily and conveniently check the status of their child's claim from any computer or tablet, offering more control for the parents while reducing the volume of claim inquiries to district administrators.

Additional benefits of our Student Accident Program Include:

- Easy access for parents to view claim payments and/or pending items
- In-house claims administration by experienced professionals
- Detailed claims reports
- Reduced claims costs resulting from the passive preferred provider network.

The injury of a child is stressful enough, let us help you by streamlining the claims process from beginning to end.



Request a Student Accident Quote Today!

E-mail: BollingerSpecialtyGroup@ajg.com or visit www.BollingerSchools.com.

SCHOOL ACCIDENTS

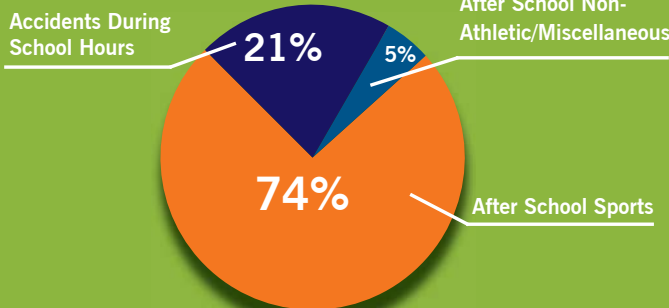
IMPROVING SAFETY BY KNOWING YOUR NUMBERS

Bollinger Specialty Group's proprietary enhanced claims system revealed the top K-12 student accident activities and injuries for the 2015-2016 school year. Protecting the health and welfare of students is a concern that all school administrators face each and every day. Getting a better handle on what activities are causing the most accidents can help your school put a plan in place to reduce the potential for injuries.

By using data from our enhanced claims system, below are claims percentages from the 2015 – 2016 school year.



ACCIDENT CLAIMS



CALCULATE YOUR WAY TO SPORTS SAFETY

These are the top 3 sports that contribute toward the total number of claims.



DON'T DISCOUNT CLASSROOM

21% of claims occurred during school hours and 16% of those claims were from accidents during gym class and on the playground.



TALLY UP THE INJURIES

These top 2 reported injuries make up almost half of the total claims.



COUNT ON A PLAN

Now that you've seen the numbers, here are some steps your school can take to help reduce accidents.

1 Form a safety committee of staff and students.

2 Create a set of schoolwide safety rules.

3 Implement safety training for all students.

4 Conduct regular inspections and repairs of facilities.

5 Enforce safety and play by the rules.

Bollinger Specialty Group offers individual reports for our school clients. Contact us today by e-mailing BollingerSpecialtyGroup@ajg.com and see how your school measures up.



Sources

Pediatric Association 2016: Preventing Sporting Accidents: <https://www.aap.org>, TIPS for preventing in school and playground Accidents: <http://www.cdc.gov/>, Preventing Accidents at School: http://www.ehow.com/how_6363469_prevent-accidents-school.html

This newsletter is published to provide general wellness information. It should not be construed as, nor is it intended to provide, medical advice. Questions regarding specific medical issues or concerns should be addressed by a physician.