



March 25, 2019

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 140 districts throughout the state.

For the 2019/20 school year, we are pleased to offer Elizabethtown Independent Schools the following renewal options through Berkley Accident & Health, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 1: 100% Usual & Customary - \$43,300.40**
- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$40,382.40**

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!

KENTUCKY K-12 STUDENT ACCIDENT INSURANCE BASIC OPTION – PLAN 1

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.

BENEFIT	LIMIT
Accidental Death and Dismemberment	Principal Sum: \$10,000
Aggregate Limit of Liability per Covered Accident	\$500,000
Accident Medical and Dental Expense	Accident Medical Expense: \$25,000 <ul style="list-style-type: none"> · Co-Insurance 100% · Deductible \$0 Corridor · Terms of Payment Full Excess · Loss Period (first Covered Accident Expenses must be incurred within) 180 days after the date of the Covered Accident · Benefit Period 2 year(s)
ADDITIONAL BENEFITS	
Coma	1% of the Principal Sum for the first 11 months, subject to 100% of the Principal Sum amount



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.

IMPORTANT INFORMATION:

This is a brief description of coverage provided under policy form series AH51051, underwritten by Berkley Life and Health Insurance Company (domiciled in Iowa - California Certificate of Authority #08527) and/or StarNet Insurance Company (domiciled in Delaware - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

Coverage does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance.

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. For complete details, please contact us at SpecialRiskSolutions@BerkleyAH.com.

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

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.

BENEFIT	LIMIT
Accidental Death and Dismemberment	Principal Sum: \$10,000
Aggregate Limit of Liability per Covered Accident	\$500,000
Accident Medical and Dental Expense	Accident Medical Expense: \$25,000 <ul style="list-style-type: none"> · Co-Insurance 100% · Deductible \$0 Corridor · Terms of Payment Full Excess · Loss Period (first Covered Accident Expenses must be incurred within) 180 days after the date of the Covered Accident · Benefit Period 2 year(s) · Physiotherapy \$100 per visit up to a maximum of 10 visits per Covered Accident
ADDITIONAL BENEFITS	
Coma	1% of the Principal Sum for the first 11 months, subject to 100% of the Principal Sum amount



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.

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Catastrophic Summary of Benefits

Underwritten by Zurich American Insurance Company

Accident Medical Benefits

- Maximum Benefit Amount: \$7.5 million
- Deductible: \$25,000
- Corridor Deductible
- Benefit Period: 10 years
- Deductible must be satisfied within two years from the date of the Covered Accident

Catastrophe Cash Benefit

- Maximum Benefit Amount: \$500,000
- Initial Lump Sum Benefit Amount: \$104,000
- Monthly Benefit Amount: \$3,300 payable for up to 120 months

Heart Failure Benefit

- Benefit Amount- \$10,000

Seat Belt/Air Bag Benefit

- Maximum Benefit Amount- \$5,000 each

Accidental Death Benefit

- Benefit Amount- \$10,000

Accidental Dismemberment Benefit

- Maximum Benefit Amount- \$20,000