

Insurance Proposal

August 20, 2019

Johnson-Pohlmann

Attn: John Funkhouser
129 S 4th St Danville, KY 40422

Applicant: Danville Independent School District
115 E Lexington Ave
Danville, KY 40422

Submission #: US856121

Policy Period: 09/01/2019 12:01 AM To 07/01/2020 12:01 AM

Coverage: Accident & Health

Issuing Company: United States Fire Insurance Co

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Note :

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

TRIA coverage if applicable is offered on the attached carrier's quote.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Kent Lynch
Director
Alive Risk
KLYNCH@allrisks.com

Insurance Proposal

Cost Summary

Accident & Health Premium	\$36,362.00
Total Policy Cost	\$36,362.00

Agent Commission: 10%

Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

Accident Medical Proposal

Date: August 20, 2019

Applicant: Danville Independent School District
Mailing Address: 115 E Lexington Ave
Danville, KY 40422

Primary Insurer: United States Fire Insurance Company – AM Best “A” Rated

Policy Period: September 01, 2019 - July 01, 2020

Plan Type: School Coverage, All Activities, Including Sports

Eligibility: All Students Grades Pre K - 12

Description of Hazards: Subject to all other provisions of this Certificate, insurance is provided for a Covered Person while he is:

- (1) On the School premises:
 - (a) While School is in session (including recess and lunch periods); or
 - (b) While School is not in session, if the Covered Person is involved in a Supervised or Sponsored Activity;
- (2) Away from School or home:
 - (a) If the Covered Person is involved in a Supervised or Sponsored Activity; and
 - (b) With adult supervision provided by the School;
- (3) Traveling directly, without interruption:
 - (a) Between his home and a scheduled game, competition or practice session;
 - (b) In a vehicle which is
 - (i) Designated or furnished by the athletic team or club;
 - (ii) Operated by a properly licensed, adult driver; or
 - (iii) Under the direct supervision of the athletic team or club; or
 - (c) In a vehicle other than that described in (3)(b) when:
 - (i) Operated by a properly licensed driver; and
 - (ii) Travel time does not exceed an hour each way.

Travel time includes the time:

- 1) To or from home, School, a Supervised or Sponsored Activity, a scheduled game, competition or practice session;
- 2) Before required attendance time;

When travel is by other than School bus, covered Travel Time shall not exceed one hour each way. This includes traveling to or from the Covered Person’s home and School. The covered Travel Time includes the period before the Covered Person’s required attendance time and the period after his dismissal or when he completes any extra duties.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

Benefit - Mandatory Accident Medical Insurance

PLAN DESIGN:	Full Excess Benefits Co-Insurance 100% of Usual, Reasonable & Customary (URC) Charges
BENEFIT PERIOD:	104 Weeks
INCURRAL PERIOD 1ST EXPENSE:	90 Days
ACCIDENT MEDICAL MAXIMUM BENEFIT AMOUNT (PER INJURY):	\$25,000
DISAPPEARING DEDUCTIBLE PER INJURY:	\$0

FULL EXCESS MEDICAL EXPENSE BENEFITS:

Full Excess Accident Medical Expense Benefits are payable to the applicable maximum for covered medically necessary accident medical service expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply.

Hospital Room & Board Daily Maximum Benefit Amount:	100% URC - Semi-Private Room Rate per day
Intensive Care Room & Board Daily Maximum Benefit Amount:	100% URC
Hospital Miscellaneous Maximum Benefit Amount:	100% URC
Outpatient Pre-Admission Testing Maximum Benefit Amount:	100% URC
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount:	100% URC
Surgical Benefits:	100% URC
Primary Surgeons Maximum Benefit Amount:	100% URC
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit Amount:	100% URC
Anesthesia Maximum Benefit Amount:	100% URC
Surgical Facility Maximum Benefit per Operating Session Maximum Benefit Amount:	100% URC
Doctor's Visits: In-Hospital Maximum Benefit Amount:	100% URC
Doctor's Visits: Office Visit Maximum Benefit Amount:	100% URC
Doctor's Visits: Maximum for All In-Hospital and Office Visits:	100% URC
X-ray and Laboratory Maximum Benefit Amount:	100% URC
Nursing Maximum Benefit Amount:	100% URC
Physiotherapy Maximum Benefit Amount:	100% URC up to \$1,000 maximum
Ambulance Maximum Benefit Amount:	100% URC
Medical Equipment Rental Charges Maximum Benefit Amount:	100% URC
Dental for injury only Maximum Benefit Amount:	100% URC
Outpatient Prescription Drug Maximum Benefit Amount:	100% URC

Benefit - Accidental Death & Dismemberment

Accidental Death and Dismemberment Benefit:	Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing
Accidental Death and Dismemberment Benefit Limit:	\$10,000
Accidental Death and Dismemberment Aggregate Limit:	\$500,000
Loss Period:	365 Days

Premium and Agent Commission

Premium:	\$36,362.00
Agent Commission:	10%
Premium Payment Plan:	Net Premium due at Binding

Policy is non-auditable
Premium 100% earned at policy inception

Claims Administration

AG Administrators. www.agadministrators.com

- On line claims reporting
- Institution 24 hour access to claim reports

Subjectivities

- Signed Application

Quote valid until **September 01, 2019**



This is a Summary of Benefits ONLY and for illustration purposes ONLY.
This is not a Policy and does not contain all coverage terms, conditions and exclusions.
The provisions of the final policy prevail.

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT APPLICATION

1.POLICYHOLDER INFORMATION

Applicant/Policyholder (Full Legal Name) Danville Independent School District

Address 115 E Lexington Ave

City Danville State KY Zip Code 40422

Phone Number _____ FAX Number _____

Type of business or organization: _____ School _____

Covered Activities: _____ School Coverage, All Activities, Including Sports _____

Duration of Covered Activities: _____ Septemebr 01, 2019 - July 01, 2020 _____

2. Requested Effective Date: _____ September 01, 2019 _____

3. Class of Eligible Persons: All Students Grades Pre K - 12

4. Description of Benefits See attached Schedule of Benefits

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

The Applicant/Policyholder agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company’s acceptance of this application and the Applicant’s payment of the required premium when due. Payment of the required premium, if any, after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ACCEPTANCE:

(Signature and Title of Applicant’s Authorized Representative) Date: _____

(City and State)

Accepted by: _____ Date: _____
(Signature and Title of Underwriting Insurance Company Representative)

FOR COMPANY USE ONLY:

SALES

OFFICE: _____ **BROKER/AGENT:** _____

FRAUD WARNING STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA and KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TENNESSEE, and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NEW YORK*: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature _____ Date _____

*The fraud warning in NY must appear above the signature line.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement may have violated state law.