



April 16, 2020

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 2020/21 school year, we are pleased to offer Elizabethtown Ind. Schools the following renewal through Berkley Accident & Health, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 1: 100% Usual & Customary - \$43,278.60**

Additionally, we have obtained quotes through K&K Insurance from the following companies, including the \$7.5M Catastrophic coverage with Zurich American Insurance Company for your consideration:

**Plan 1: 100% Usual & Customary**

|  |                    |
|--|--------------------|
| <b>Nationwide Life Insurance Company</b> | <b>\$47,553.60</b> |
| <b>Zurich American Insurance Company</b> | <b>\$46,973.60</b> |
| <b>AXIS Insurance Company</b>            | <b>\$48,842.60</b> |

Finally, another option is available with Liberty Mutual Insurance Company, including the \$7.5M Catastrophic coverage with Zurich American Insurance Company:

- **100% Usual & Customary- \$42,278.60**

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:

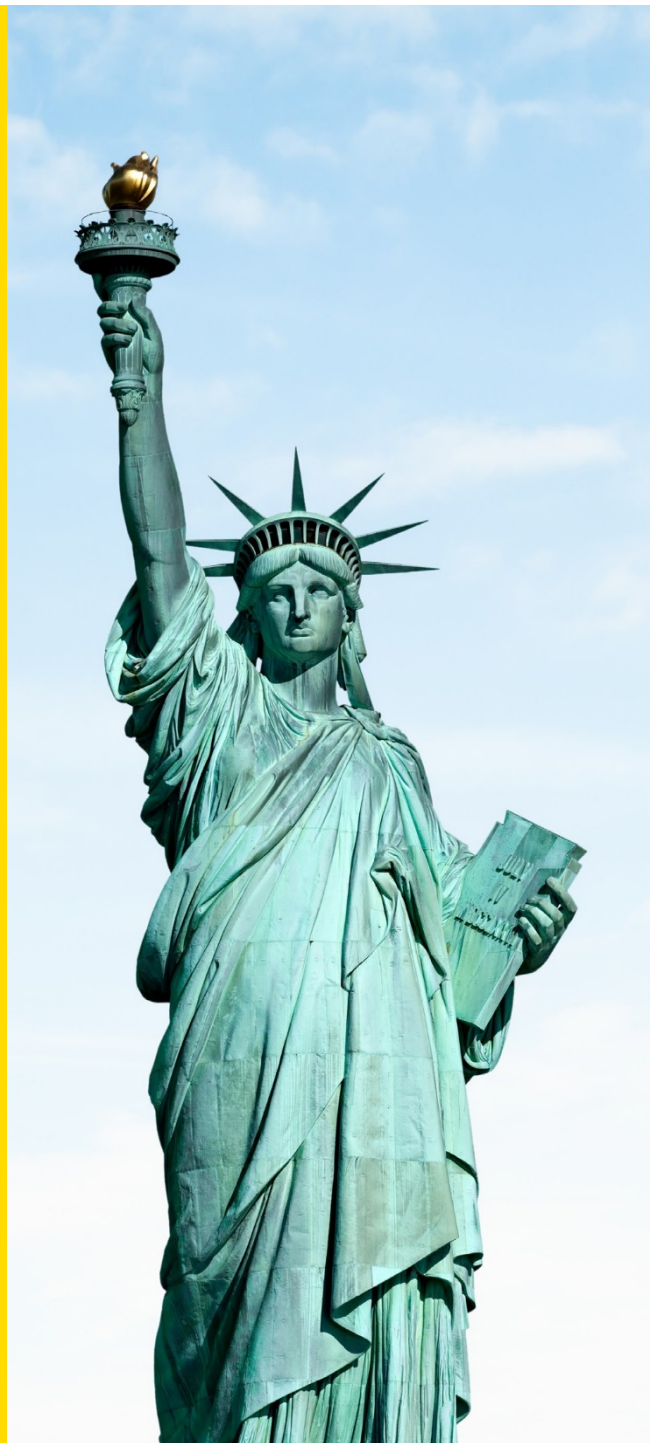
Bob Roberts: bob@bobrobertsins.com  
Joe Roberts: joe@bobrobertsins.com  
John Roberts: john@bobrobertsins.com

We appreciate the opportunity to handle your insurance needs again during the upcoming school year. We look forward to hearing from you!



## Elizabethtown ISD

Prepared for Roberts Insurance Investments



Liberty Mutual Insurance Company  
& Liberty Insurance Underwriters  
Inc., 175 Berkeley Street, Boston,  
MA 02116

April 15, 2020

Roberts Insurance & Investments  
PO Box 1177  
527 W. Main St.  
Richmond, KY 40475  
RE: **Elizabethtown ISD**

Thank you for providing us the opportunity to quote Blanket Accident coverage. The following pages detail your customized Liberty Mutual policy and include benefits that will help mitigate and offset risk.

Families can face considerable financial and emotional obstacles when accidents occur, even into the weeks and months that follow. Your coverage with Liberty Mutual Accident and Health has been designed to provide greater customer value through flexible underwriting, efficient claims management and solutions to assist your customers when the unexpected happens.

For more information on this proposal or any of the Accident & Health Solutions, please contact:

Sincerely,

Manny Cocurull  
Sales Leader - Special Risk & Tuition Insurance Distribution  
Global Retail Markets  
Liberty Mutual Insurance  
Mobile: 646-715-3793  
Direct Dial: 407-391-2072  
E: [Manny.Cocurull@LibertyMutual.com](mailto:Manny.Cocurull@LibertyMutual.com)

## Annual Premium and Rate Analysis

|                       |                                  |
|-----------------------|----------------------------------|
|                       |                                  |
| <b>Effective Date</b> | <b>July 1<sup>st</sup>, 2020</b> |
| <b>Expiration</b>     | <b>July 1<sup>st</sup>, 2022</b> |
|                       |                                  |
|                       |                                  |
| <b>Situs state</b>    | <b>KY</b>                        |

This proposal is valid for 90 days from the Date of Proposal or until the Effective Date (whichever is earlier). This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid. This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances.

## Eligibility:

Class Description:

Class 1: All enrolled students of the school or school district.

Condition of Coverage: School and Sports Coverage

# Schedule of Benefits

## Mandatory Base

|   |  |
|---|--|
| <b>Accidental Death</b>   | Maximum Amount: \$10,000                   |
| <b>Accidental Dismemberment Schedule</b>  | Maximum Amount: \$10,000                   |
| Loss of Two or More Hands or Feet   | 100%                                       |
| Loss of One Hand or Foot and Sight in One Eye   | 100%                                       |
| Loss of Sight in Both Eyes  | 100%                                       |
| Loss of Speech and Hearing (in Both Ears)   | 100%                                       |
| Loss of One Hand or Foot  | 50%  |
| Loss of Speech  | 50%  |
| Loss of Hearing (in Both Ears)  | 50%  |
| Loss of One Eye   | 50%  |
| Loss of Thumb and Index Finger of the Same Hand   | 25%  |
| AD&D Aggregate Limit  | \$500,000                                  |
| <b>Accident Medical Expense</b>   |  |
| Full Excess Accident Expense Benefit Maximum  | \$25,000                                   |
| First Covered Expenses must be received within  | 180 days after the Covered Injury          |
| Benefit Period  | 2 year from the date of the Covered Injury |
| Deductible  | 0  |
| % of Usual and Customary Covered  | 100% Unless otherwise specified below.     |
| <b>Inpatient Hospital Services</b>  |  |
| <b>Room and Board Expenses</b>  |  |
| Semi-Private or Private Room  | 100% U&C                                   |
| Hospital Miscellaneous Expenses   | 100% U&C                                   |
| Emergency Room Treatment (must occur within 72 hours)   | 100% U&C                                   |
| Registered Nursing Services   | 100% U&C                                   |
| <b>Physician Services</b>   |  |
| Surgery   | 100% U&C                                   |
| Assistant Surgeon   | 100% U&C                                   |
| Second Opinion or Consultation  | 100% U&C                                   |
| Anesthesia and its Administration   | 100% U&C                                   |
| <b>Outpatient Services</b>  |  |
| Physician Office Non- Surgical Visits   | 100% U&C                                   |
| Combined Maximum for X-Ray, CT scan, MRI  | 100% U&C                                   |
| X-Ray   |  |
| Laboratory tests  | 100% U&C                                   |
| Outpatient Physiotherapy includes (a) acupuncture; (b) microthermy; (c) manipulation; (d) diathermy; (e) massage therapy; (f) heat treatment; and (g) ultrasonic treatment) | 100% U&C                                   |
| Outpatient Orthopedic Appliances  | 100% U&C                                   |
| Hospital Outpatient Surgery Facilities Payment  | 100% U&C                                   |
| Ambulance Services  | 100% U&C                                   |
| Dental Services   | 100% U&C                                   |
| Outpatient Prescription Drugs   | 100% U&C                                   |
| Deferred Dental Treatment   | Benefit period to age 28                   |
| <b>Assault Benefit</b>  |  |
| Maximum Benefit   | \$10,000                                   |
| <b>Bereavement and Trauma Counseling</b>  |  |
| First counseling sessions must occur within   | 180 days of the Covered Loss               |
| Benefit Amount  | up to \$100 per session                    |
| Maximum Number of Sessions  | 10   |
| Maximum Benefit per Covered Injury  | up to \$1,000                              |

## Conditions of Coverage:

### SCHOOL COVERAGE

The Company will pay the Benefit Amount shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Insured Person suffers a Covered Loss that occurs while he or she is participating in or attending one of the following School Covered Activities:

1. regularly-scheduled classroom instruction;
2. regularly-scheduled and supervised recess or lunch period;
3. a study period or special instruction period supervised by a member of the School's faculty;
4. a Supervised and Sponsored School Activity; or
5. Covered School Travel.

Covered School Travel includes travel, only within the United States and directly and without interruption:

1. between home and School;
2. between home and another meeting place designated by the School;
3. between home and another School or site designated by the School, where a Supervised and Sponsored School Activity is scheduled;
4. between the School or other meeting place designated by the School, and another School or site designated by the School, where a Supervised and Sponsored School Covered Activity is scheduled.

School Travel Coverage for overnight Supervised and Sponsored School Activities Covered School Travel also includes travel by any Common Carrier providing transportation to a Supervised and Sponsored School Activity Covered Activity when the Insured Person's participation or attendance requires him to be away from his normal residence for a stay of one or more nights.

Covered School Travel means transportation on a Common Carrier, School bus or vehicle, or Private Passenger Automobile driven by a member of the faculty or staff of the School, a parent of the Insured Person, or other adult with a valid drivers' license whom the School has specifically designated to transport Insured Persons to a Supervised and Sponsored School Activity Covered Activity.

Supervised and Sponsored School Activity means a Covered Activity that:

1. takes place:
  - a. on School premises during, before or after normal School hours; or
  - b. at another School or site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided, or at which student attendance is required, by the School; and
3. is supervised by a member of the faculty or staff of the School, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the School; or

4. is a regularly-scheduled sports tryout, practice, workout or training session, team meeting, game, exhibition play or competition in which the Insured Person is participating.

#### Exclusions

This coverage will not be in effect during travel to or from any Supervised and Sponsored School Activity:

1. if the School provides transportation to and from the Supervised and Sponsored School Activity for a group of two or more Insured Persons and if the Insured Person is travelling to or from it by another means of transportation.
2. during the Insured Person's Personal Deviation as shown in the Schedule of Benefits.
3. during travel to any Supervised and Sponsored School Activity Covered Activity that takes place outside the contiguous United States unless the Company has agreed in advance to provide coverage.
4. during a School activity that was not a Supervised and Sponsored School Activity Covered Activity during the preceding School year, unless the Company has agreed in advance to provide coverage.

Other exclusions that apply to this Condition of Coverage are in the Common Exclusions Section.

## Common Exclusions

Benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the policy:

1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by the Policy;
5. The Insured Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Loss occurred or the laws of the Home Country;
6. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
7. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization
8. Travel outside the United States, to any country for which a travel warning has been issued or renewed by the U.S. State Department within 60 days prior to date of departure and any country to which travel by U.S. citizens is restricted or prohibited;
9. Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non-directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Participation in any motorized race or contest of speed or stunt show;
12. Injuries compensable under Workers' Compensation law or any similar law;
13. Participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder whether or not it takes place on Policyholder premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded)
14. In addition, benefits will not be paid for services or treatment rendered by any person who is:
  - a Resident of the Same Household;
  - an Immediate Family Member including Domestic Partner of either the Insured Person or the Insured Person's Spouse;
  - the Insured Person

## Excluded Accident Medical Expenses

The following will not be considered Covered Expenses unless coverage is specifically provided.

1. Routine physical and care of any kind;
2. Routine dental care and treatment;
3. Cosmetic or plastic surgery, except as the result of a Covered Injury;
4. Routine nursery or routine child care;
5. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids unless Necessary Treatment of a Covered Injury;
6. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Necessary Treatment and reasonable by a Physician, or expenses which are non-medical in nature;
7. Charges for Covered Medical Expenses for which the Insured Person would not be responsible in the absence of this Policy;
8. Any expense paid or payable by any Other Insurance;
9. Injury or Sickness for which benefits are payable under any worker's compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law;
10. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
11. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
12. Repair or replacement of existing dentures, partial dentures, braces or bridgework;
13. Expenses payable by any automobile insurance policy without regard to fault;
14. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity;
15. Rest cure or custodial care;
16. Treatment or service provided by a private off duty nurse;
17. Repair or replacement of existing artificial limbs, eyes, and larynx

Liberty Insurance Underwriters Inc., a Liberty Mutual Insurance Company  
175 Berkeley Street, Boston, MA 02116



# **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