



April 15, 2021

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 2021/22 school year, we are pleased to offer Dayton Independent Schools the following renewal options through Liberty Mutual , including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

Plan 4: Scheduled Benefit - \$24,081.80

Fy21
\$ 16,928

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

Plan 4: Scheduled Benefit

AXIS	\$29,615.80
Hartford	\$38,002.80
Zurich	\$40,012.80

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!

Schedule of Benefits

Mandatory Base 4

Accidental Death	Principal Sum: \$10,000
Accidental Dismemberment Schedule	
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
Accident Medical Expense	
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.
Inpatient Hospital Services	
Room and Board Expenses	
Semi-Private or Private Room	100% U&C
Hospital Miscellaneous Expenses	100% U&C; up to \$5,000 per Covered Injury
Emergency Room Treatment (must occur within 72 hours)	100% U&C
Registered Nursing Services	100% U&C
Physician Services	
Surgery	100% U&C
Assistant Surgeon	100% U&C
Second Opinion or Consultation	100% U&C
Anesthesia and its Administration	100% U&C
Outpatient Services	
Physician Office Non- Surgical Visits	100% U&C
CT scan, MRI, X Ray Combined Max	100% U&C; up to \$500 per Covered Injury
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)	Up to 10 Visits, Up to \$40 per 1 visit each day
Outpatient Orthopedic Appliances	100% U&C; up to \$500 per Covered Injury
Hospital Outpatient Surgery Facilities Payment	100% U&C; up to \$5,000 per Covered Injury
Ambulance Services	100% U&C
Dental Services	100% U&C; up to \$500 per Covered Injury
Outpatient Prescription Drugs	100% U&C; up to \$100 per Covered Injury
Deferred Dental Treatment	Benefit period to age 28, up to \$25,000
Assault Benefit	
Maximum Benefit	\$10,000 100% multiplied by the portion of the Principal Sum applicable to the Covered Loss
Bereavement and Trauma Counseling	
First counseling sessions must occur within	180 days of the Covered Loss
Benefit Amount	up to \$150 per session
Maximum Number of Sessions	10
Maximum Benefit per Covered Injury	up to \$1,500
Home Alteration and Vehicle Modification	
Benefit Amount	20% of the Principal Sum subject to a maximum of \$2,000
Coma	
Benefit Amount	1% of the Principal Sum for the first 11 months, subject to 100% of the Principal Sum amount