

STUDENT ACCIDENT INSURANCE APPLICATION

School District: Russellville Independent Schools
Address: 355 South Summer Street
Russellville, KY 42276

Name of school(s)	Grades to be Covered
Stevenson Elementary School	PreK - 5
Russellville Elementary School	6 - 8
Russellville High School	9 - 12

Company: Zurich Plan Option: 3

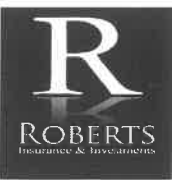
Base Premium Due \$ 11,425.00

Catastrophic Premium Due \$ 1,131.60

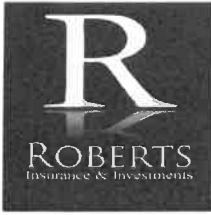
TOTAL PREMIUM DUE \$ 12,556.60

Effective date of coverage: 7/1/24 Contact person: Matthew Davenport
Phone number: (270) 726-8405 Fax number: (270) 726-4036
Email address: matthew.davenport@russellville.kyschools.us
Contact person signature: _____ Date: _____

*Please email completed form to stephanie@bobrobertsins.com
Invoice will follow via email once completed application is received in good order.*



R.J. Roberts, Inc., dba Roberts Insurance and Investments
527 W. Main Street, P.O. Box 1177
Richmond, Kentucky 40476-1177
Phone: 859-623-7684 Fax: 859-623-0242



January 23, 2024

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 160 districts throughout the state.

For the 2024/25 school year, we are pleased to offer Russellville Independent the following renewal through K&K Insurance, underwritten by Zurich American Insurance Company, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$12,556.60**

If you have any questions, please contact us by phone at 859-623-7684. We can also be reached by email:

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 Student Accident Plan #3

100% Reasonable Charges Plan with \$1,000 Physical Therapy Limit

Eligible Persons Are: Means any person who is a registered student, teacher, and/or coach of the policyholder.

Covered Activities: This 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 c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

ACCIDENT MEDICAL EXPENSE BENEFIT	Class 1
Maximum Benefit Amount:	\$25,000 per Insured per Injury
Deductible:	\$0 per Insured per Injury
Benefit Percentage:	100% of R&C
Loss Period:	26 weeks
Benefit Period:	2 year / 10 year for dental

SCHEDULE OF BENEFITS

The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within two years from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

Note: This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. Benefits sub-limits shown below are per Insured Person per Injury, unless otherwise specified.

Covered Expenses	Benefit Sub-Limits
Physical Therapy:	Maximum \$1,000

Felonious Assault Benefit

Benefit Percentage: 100% of the amount otherwise payable for the covered loss.
Maximum Benefit Amount: \$10,000 Per Injury

Felonious Assault is defined as a physical attack by another person resulting in bodily harm. A physical attack is any lawful or unlawful use of force or violence with the intent to cause bodily injury. The physical attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs. See full policy language for further description of coverage.

R&C = Reasonable Charges

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT	Class ALL
Aggregate Limit of Liability:	\$500,000
Accidental Death Principal Sum:	\$10,000
Specific Loss Principal Sum:	\$10,000

See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. 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. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.