



# CHARLES M. MOORE INSURANCE AGENCY, INC.

417 NORTH MAIN STREET, FRANKLIN, KENTUCKY 42134  
PHONE 270-586-4757 – FAX: 270-782-7105

Mr. Joey Kilburn  
Simpson County Schools  
430 South College Street  
Franklin, KY 42134

RE: 2024-2025 Student Accident Insurance

Dear Joey,

Please find attached the offer from Scholastic Insurance to renew the current All-School Student Accident Insurance and the Catastrophic Accident Insurance for the next calendar School year (7/01/2024 to 7/01/2025) with no change in the premium cost.

If you, Tim, and the Board do decide to renew, I have also included the student insurance extension request, and the application documents that will need the estimated student enrollment numbers for the 24/25 School year that Tim will need to review, sign, and date. I have included as reference the application document from the current year as well.

Once the documents have been signed and dated, please let me know and I will stop by and pick them up to return to Scholastic. Once the paperwork is processed, the renewal invoice will be processed and mailed in June.

Thank you for allowing me to manage this coverage for the Simpson County School District all these years. I really appreciate it.

Sincerely,

Robert Fuller  
Direct phone: 270-813-0953  
Email: rf Fuller@cmm Moore.com

# SCHOLASTIC INSURANCE

*Student Accident Insurance*

Mailing Address: P.O. Box 784268  
Winter Garden, FL. 34778-4268  
Toll Free: 1-800-432-6915  
Fax: (407) 798-0296  
Claims Telephone: (407) 798-0290  
[www.kidguardinsurance.com](http://www.kidguardinsurance.com)

April 19, 2024

Tim Schlosser  
Simpson County Schools  
430 S College  
Franklin, KY 42134

RE: 2024-25 Student Accident Insurance and Catastrophic Accident Insurance Renewal Extension

Dear Tim:

Thank you for your trust and confidence in Scholastic Insurance for the past few years. We received authorization from *Reliance Standard Life* to extend your **All-School Student Accident** insurance policy for an additional policy term with **no rate increase**.

We also received authorization from *Great American Insurance* to extend your **Catastrophic Accident** coverage also with **no rate increase**. Simply fill out the Great American application included with this renewal and return with this authorization to extend coverage.

## **2024-2025 GROUP ALL SCHOOL ACCIDENT INSURANCE**

**Coverage For all Students, Grades PK-12**  
(Same Coverage as used during 2023-2024 school year)  
Coverage Effective 07/01/2024 – 06/30/2025

Coverage for All Students --- Basic Plan (0-\$25,000.00) **\$15,560.00**

Coverage for All Students --- Catastrophe plan (\$25,000 - \$5,000,000) **\$ TBD\***

\* Please fill out the Catastrophic Coverage Application included.

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**\*\*\*We will invoice you in June 2024\*\*\***

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CC: Charles M. Moore Insurance  
Attn: Robert Fuller  
417 N Main  
Franklin, KY 42134

# SIMPSON COUNTY SCHOOLS

## *STUDENT INSURANCE EXTENSION REQUEST*

**ONE YEAR EXTENSION AND RATE GUARANTEE**

Simpson County Schools elects to extend benefits and coverage under our current accident insurance plan through the 2024-2025 school year at the following annual rates and coverage levels:

**2024-2025 GROUP ALL SCHOOL ACCIDENT INSURANCE**

**Premium unchanged: \$15,560.00**

**Coverage For all Students, Grades PK-12**

**(Same Coverage as used during 2023-2024 school year with improvements)**

**Basic Plan – (0-\$25,000.00)**

**+ Catastrophe Plan (\$25,000 - \$5,000,000)**

Simpson County Schools declines extension of coverage and rate guarantee at this time.

Signature of authorized school official: \_\_\_\_\_ Title: \_\_\_\_\_ Date : \_\_\_\_\_

Signature of licensed insurance agent: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Respond by Mail, Email or Fax Prior to May 10, 2024**

**SCHOLASTIC INSURANCE**

**PO Box 784268**

**Winter Garden, FL 34778**

**800-872-1953 FAX 407-798-0296**

**Email: [Manny.cocurull@kidguardinsurance.com](mailto:Manny.cocurull@kidguardinsurance.com)**

**APPLICATION**



Application is hereby made for a Catastrophic Student Accident Insurance Plan based on the following statements and representations.

Applicant (Name of School/District): SIMPSON COUNTY SCHOOLS  
 Street Address: 430 SOUTH COLLEGE STREET  
 City, State, Zip: FRANKLIN, KY 42134  
 Taxpayer ID# (if applicable): \_\_\_\_\_

**If the Applicant is a School District, please attach the list of schools to be insured. (ON BACK SIDE IF ADDT'L SPACE IS NEEDED)**

It is agreed the insurance applied for will not become effective unless: a) this Application is received and approved by the Insurance Company based on current rules and requirements; b) the Policy is accepted by the Applicant; and c) the required premium is paid when due.

Policy Term: August 1, 2024 to August 1, 2025  
 Requested Policy Term, if other than August 1, 2024 to August 1, 2025: JULY- 01- 2024 TO JULY- 01- 2025

**Class (es) of Eligible Persons**

The Applicant named above elects to provide coverage to the Class(es) of Eligible Persons checked below. Do not elect Class 3, if Class 2 is elected.  
 CHECK ALL THAT APPLY

- CLASS 1: All student athletes, student managers, student trainers, student coaches, cheerleaders and band members who participate in school sponsored and supervised interscholastic athletic activities.
- CLASS 2: All students, from pre-kindergarten through the twelfth grade, while they are attending regularly scheduled classes and taking part in all school-sponsored and supervised activities including off-season athletic training and conditioning, except interscholastic athletics. (Includes Class 3 students. If Class 2 students are covered under the Policy)
- CLASS 3: All students who participate in all school-sponsored and supervised extracurricular non-athletic activities and clubs.

**Premium Rates:**

<u>Premium Rates:</u>	<u>Number of Insureds</u>	X	<u>Rate</u>	=	<u>Premium</u>
<u>Class 1 Senior High (9-12).....</u> _____			\$3.25	=	\$ _____
<u>Please list grades to be covered</u> _____-_____					
<u>Class 1 Junior High.....</u> _____	X		\$1.95	=	\$ _____
<u>Please list grades to be covered</u> _____-_____					
<u>Class 2 .....</u> _____	X		\$1.20	=	\$ _____
<u>Please list grades to be covered</u> _____-_____					
<u>Class 3 .....</u> _____	X		\$0.40	=	\$ _____
<u>Please list Class 3 activities and clubs to be covered</u> _____					
_____					
_____					
					(ADDT'L SPACE OTHER SIDE)

**TOTAL PREMIUM** \$ \_\_\_\_\_  
 (Subject to minimum premium of \$500)

Please include premium check with this Application, and make payable to: **SCHOLASTIC INSURANCE**  
 MAIL TO: Scholastic Insurance  
 POBox 784268  
 Winter Garden FL 34778

**FRAUD STATEMENT**  
 Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a 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.

Signature of Authorized Person: \_\_\_\_\_ Title: SUPERINTENDENT  
 Please Print Name: TIM SCHLOSSER email: tim.schlosser@simpson.kyschools.us  
 Telephone: 270-586-8877  
 Signed at: FRANKLIN KY Date: \_\_\_\_\_  
City State

Signed by Licensed Resident Agent \_\_\_\_\_  
 (Where Required by Law)

**SEE REVERSE SIDE FOR IMPORTANT INFORMATION**



**The signed application declares that:**

All information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to Great American Insurance Company's decision to provide this insurance, and that insurance will be provided, at Great American Insurance Company's sole discretion, in reliance upon the truth of such information.

**It is hereby understood and agreed that:**

1. this insurance is provided by Great American Insurance Company in consideration of payment of the required premium;
2. the insurance under the policy begins on the Policy Effective Date 8/1/24-8/1/25, except as noted on front of this form; and
3. the acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Please list Class 3 activities and clubs to be covered (ADDT'L) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Description of Coverage**

**Accidental Death & Dismemberment Benefits**

<u>Covered Loss</u>	<u>Benefit Amount</u>	<u>Covered Loss</u>	<u>Benefit Amount</u>
Death	\$10,000	One Hand; One Foot; or Sight of One Eye	\$10,000
Both Hands or Both Feet	\$20,000	Speech and Hearing	\$20,000
One Hand or One Foot plus the loss of Sight of One Eye	\$20,000	Speech or Hearing	\$10,000
Sight of Both Eyes	\$20,000	Thumb and Index Finger of the same Hand	\$ 5,000
		Hearing in One Ear	\$ 5,000

**Accident Medical Expense Benefits**

Scope of Coverage:.....**Full Excess**  
Benefit Maximum:.....**\$5,000,000**  
Deductible:.....**\$25,000**  
Deductible Incurral Period:.....**2 years from date of the Covered Accident**  
Maximum Benefit Period:.....**520 weeks after the date of the Covered Accident**

**ADDT'L INFORMATION SPACE -** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Coverage is summarized. Coverage features and product availability may vary by state. Please contact us for additional information, and refer to the actual policy for a full description of applicable terms, conditions, limits and exclusions. Policies are underwritten by Great American Insurance Company. The Great American Insurance Group eagle logo and the word marks Great American ® are registered service marks of Great American Insurance Company. © 2016 Great American Insurance Company. Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. All rights reserved.

**Please send all correspondence and payments to:**  
 Scholastic Insurance  
 P.O. Box 784268  
 Winter Garden, FL 34778-4268

**1-800-432-6915**

FOR REFERENCE 2023

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Premium Rates:

Table with columns: Premium Rates, Number of Insureds, X, Rate, =, Premium. Includes rows for Class 1 Senior High (9-12), Class 1 Junior High (40), Class 2 (2454), and Class 3 (N/A).

(ADD'L SPACE OTHER SIDE)

TOTAL PREMIUM

(Subject to minimum premium of \$500)

\$ 3,022.80

Please include premium check with this Application, and make payable to: SCHOLASTIC INSURANCE
MAIL TO: Scholastic Insurance
PO Box 784268
Winter Garden FL 34778

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a 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.

Signature of Authorized Person: [Signature]

Title: SUPERINTENDENT

Please Print Name: TIM SCHLOSSER

email: tim.schlosser@simpson.kyschools.us

Signed at: FRANKLIN KY

Telephone: 270-586-8877

Date: 5-18-23

Signed by Licensed Resident Agent (Where Required by Law) [Signature]

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

FOR REFERENCE 2023