



Kenton County School District | *It's about ALL kids.*

Issue Paper

DATE:

April 16, 2026

AGENDA ITEM (ACTION ITEM):

Consider/Approve Renewal of the Catastrophic Student Accident Insurance Policy with KidGuard -Scholastic Insurance for July 1, 2026 to July 1, 2027.

APPLICABLE BOARD POLICY:

09.312 Insurance (Athletics and Marching Band)

HISTORY/BACKGROUND:

The catastrophic accident insurance policy protects all student athletes, student managers, cheerleaders, and band members who participate in school sponsored interscholastic activities that are outside the KHSAA defined seasons. Out of season activities include but not limited to conditioning, weights, open gyms/fields, and 7 v 7 football etc.

FISCAL/BUDGETARY IMPACT:

Individual Schools - Athletic Budget: Each KCS D high school and middle school will split the cost and pay \$508.00 for coverage. Total cost is \$3,555.00.

RECOMMENDATION:

Approval Renewal of the Catastrophic Student Accident Insurance Policy with KidGuard - Scholastic Insurance for July 1, 2026 to July 1, 2027.

CONTACT PERSON:

Matt Wilhoite

M. Wilhoite
Principal/Administrator

Naama Harvey
District Administrator

[Signature]
Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent’s mailbox.



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STUDENT ACCIDENT INSURANCE – RENEWAL AUTHORIZATION

TERM: 2026-2027 School Year
Policy underwritten by Everest Insurance (A+rating)
Claims administered by KidGuard via Doxa Claims, LLC
APPLICANT: Kenton County Schools

Thank you for your continued trust in KidGuard. This letter confirms your authorization to renew your Student Accident Insurance program for the **2026-2027** school year with no change in benefits or your premium. Coverage continues uninterrupted, and your claims submission process and day-to-day service contacts remain the same.

Policy Summary (Catastrophic Student Athletic Accident)

Scope of Coverage: The accident insurance policy protects all student athletes, student managers, student trainers, student coaches, cheerleaders and band members who participate in school sponsored and supervised interscholastic athletic activities. It also protects all students who participate in all school sponsored and supervised extracurricular non-athletic activities and clubs. All insured activities must be school scheduled, school funded and supervised by a district-employed teacher or coach.

Maximum Benefit Payable: Up to \$5,000,000 per covered accident

Policy Deductible: \$25,000

Effects of Other Insurance: Benefits are paid according to the Schedule of Benefits for eligible medical expenses not collectible from other sources of coverage. Coverage is secondary to major medical insurance and acts as primary for uninsured families and families on Medicaid.

Benefits Term: Eligible medical treatment expenses must be incurred within **one year** from the date of accident (unless otherwise endorsed).

Policy Effective Date: 7/1/2026

Policy Termination Date: 7/1/2027

2025-2026 Expiring Premium: \$3,550

2026-2027 Renewal Premium: \$3,550

Authorization

By signing below, I authorize renewal of the Student Accident Insurance coverage for Kenton County Schools for the **2026-2027** school year on the terms summarized above.

Authorized by (Name): _____

Title: _____

Signature: _____

Date: _____