



PO Box 140926
Orlando, FL 32814
1-800-432-6915
Fax: 407-798-0296
www.kidguardinsurance.com

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: Simpson 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 (Base/Catastrophic Student Accident)

Scope of Coverage: The accident insurance policy protects all students, grades Pre-K through 12, while participating in school scheduled, school supervised, and school funded classes, sports, and activities (including your high school athletics state sanctioned practices and competitions) during the regular school term. All insured activities must be school scheduled, school funded and supervised by a district-employed teacher or coach.

Maximum Benefit Payable: Up to \$25,000 per covered accident (Basic Plan)
Policy Deductible: \$0.00 (Basic Plan)
Maximum Benefit Payable: Up to \$5,000,000 per covered accident (Catastrophic Plan)
Policy Deductible: \$25,000 (Catastrophic Plan)

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

Base Plan
2025-2026 Expiring Premium: \$15,560
2026-2027 Renewal Premium: \$15,560

Catastrophic Plan – also renewing with no rate increase. To provide premium, please supply the following information:

- **Estimated number of Grade 9-12 Athletes:** 250
- **Estimated number of Grade 5-8 Athletes:** 200
- **Total # of PreK-12 Students:** 3000



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Authorization

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

Authorized by (Name): _____

Title: _____

Signature: _____

Date: _____