

Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for
Warren County School District

Bollinger Contact: Tom Doering
Phone Number: (404) 974-3943
Carrier: Zurich
Plan Year: 2024-2025
Broker Name:

Proposal Type: Renewal
Proposal #: 052689
Policy #: MCB5858798
Effective Date: 8/1/2024
Expiration Date: 7/31/2025

Athletic Coverage Football Only

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible	Ded. Type
Football Only	Standard Plan - See Attached for Benefit Summary	\$500,000	5 Year	\$100 Excess	\$500	Integrated

This coverage is for Senior High School Football only.

Optional Athletic Coverages

Coverage	Maximum Benefit	Benefit Period	Payment Basis	Deductible
Special Education	\$500,000	5 Year	\$100 Excess	\$500
Campers	\$500,000	5 Year	\$100 Excess	\$500
Non-enrolled campers	\$50,000	1 Year	\$100 Excess	\$500

Coverage for school supervised and sponsored special events.

Coverage for school supervised and sponsored enrolled campers.

Coverage for school supervised and sponsored non-enrolled campers.

The premium for the Optional Coverages listed above is included in the total Annual Premium quoted.

Annual Premium*: \$5,898.00

We thank you for the opportunity to provide a proposal for your insurance needs. Please feel free to call your sales representative if you have any questions about this proposal.

Accepted: _____ Title: _____ Date: _____

To renew coverage, this form must be signed and returned prior to the effective date. Please mail this form to the address listed below or email to Tom_Doering@ajg.com.

***Please note premium is contingent upon review of enrollment at the time of renewal.**

This quote letter provides a summary of the coverage to be provided and is not intended to substitute for or duplicate policy provisions. It is subject to the provisions of the policy of insurance to be issued by Zurich American Insurance Company. You will need to contact us for exact policy language, as well as for any limitations and restrictions that may be applicable. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between this quote and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms and conditions of the policy as issued.

Zurich American Insurance Company Plan Coverage Summary – Plan 1

Covered Medical Benefits	
Hospital Room / Boarding	100% U&C
Ancillary or Miscellaneous Inpatient Hospital	100% U&C
Medical Emergency Care	100% U&C
Outpatient Surgical Room (Includes Ambulatory Surgical Facility)	100% U&C
Outpatient Diagnostic X-Rays and Laboratory Test	100% U&C
Physician's non-surgical treatment	100% U&C
Physician's Surgical Procedures	100% U&C
Anesthesiologist	100% U&C
Registered Nurse	100% U&C
Physiotherapy	100% U&C; 60-visit limit
Non-Emergency Inpatient/Outpatient X-Rays	100% U&C
Diagnostic Imaging	100% U&C
Ambulance Expenses	100% U&C
Rehabilitative Limb Braces, Wheel chairs and other Medical Equipment/Appliances	100% U&C
Eyeglasses, Contacts or Hearing Aids	100% U&C
Prescription Drugs	100% U&C
Accident Dental	100% U&C

The Master Policy contains all of the provisions, limitations, exclusions and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Master Policy, the Master Policy will govern and control the payment of claims.

Visit us on the web at www.BollingerSchools.com

Bollinger Specialty Group
Student Accident Contact and Enrollment Information Form

Warren County School District

Contact Information

This form must be signed and returned with your signed acceptance.

School

Contact Name Jim Grosch
Address 6820 Market Street
City, State, Zip Russell, PA 16345
Phone # 814-723-6900
Email Address groschj@wcsdpa.org

Broker

Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email Address _____

Enrollment Information

Please verify that enrollment information is correct. Indicate changes where necessary. Thank you for your cooperation.

Enrollment by School

School Name

Enrollment

Indicate Changes

Beaty Elementary 6	178	<u>147</u>
Beaty Middle 7&8	311	<u>346</u>
Eisenhower 7-12	424	<u>369</u>
Eisenhower K-6	406	<u>380</u>
Sheffield Middle/High School	244	<u>193</u>
Sheffield Elementary	214	<u>202</u>
Sheffield Middle Grade 6	30	<u>31</u>
Warren Area Elementary Center	748	<u>847</u>
Warren Area High	716	<u>688</u>
Warren County SD Business Office	9	<u>0</u>
Youngsville Elementary & Middle School	509	<u>454</u>
Youngsville High School	242	<u>204</u>
Total District Enrollment:	4,022	<u>3,861</u>

Enrollment Totals

K-8	2,473
9-12	1,388
# of Athletes *Only for accounts that cover interscholastic sports and/or football	1,904

Accepted: _____ **Title:** _____ **Date:** _____

AME Exclusions

EXCLUSIONS:

In addition to the General Exclusions stated in the **Policy**, **We** will not cover expenses under this additional benefit for:

1. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
2. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
3. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
4. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, or guest meals.
5. Treatment by any immediate family member or member of the **Insured's** household.
6. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.
7. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
8. A hernia.
9. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
10. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
11. Expenses which the **Insured** is not legally obligated to pay.
12. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**.
13. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
14. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
15. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

SECTION IV – GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for **Accidental** ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. Parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An **Insured** will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the **Insured's** intoxication.
8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a **Physician** and taken in accordance with the prescribed dosage.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
11. participation in any team sport or any other athletic activity unless mentioned in the **Covered Activities**.
12. any condition for which the **Insured** is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
13. the **Insured** riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
14. any loss incurred while outside the United States, its territories or Canada.