



School Catastrophic Insurance Program

Does your insurance coverage make the grade?

The answer is simple...

LOOMIS & LAPANN, INC.
Insurance Since 1852



Bring on tomorrow

Underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.



School Catastrophic Insurance Program

Today, a well-rounded education involves experiences which occur outside of the normal school day, and sometimes even far from the school campus. Student travel to athletic events, museums and other cultural sites is not unusual. Actually, it's common for student groups to travel out of state or to foreign destinations.

School-sponsored, extra-curricular activities serve to enhance a student's academic experience. During the summer months and after school, work-study programs and clinics have become increasingly popular. In all cases, accidents and injuries can occur.

Risk Is Our Specialty®

The School Catastrophic Insurance Program, offered by AIG Accident & Health (U.S.) through Loomis & Lapann, is designed to provide accident insurance for students injured in those school sponsored activities in school or school district sponsored activities.





Benefit Schedule

Accidental Death and Dismemberment

Accidental Death	\$10,000
Accidental Dismemberment	\$20,000
Seat Belt & Air Bag	\$5,000
Heart & Circulatory	included where available by law
AD&D Incurral Period	365 days

Accident Medical Expense

Excess

Maximum Amount**	<input type="checkbox"/> \$1,000,000
Benefit Period*	10 years (520 weeks)
Deductible (Integrated)	\$25,000
Incurral Period	180 Days

*The Accident Medical Expense benefit period is 520 weeks where available.

Catastrophe Cash

Maximum Amount	<input type="checkbox"/> \$500,000 (\$100,000 lump sum)
Monthly Benefit	\$3,333.33 per month
Benefit Period	120 months
Incurral Period	180 days
Waiting Period	6 months

Lump Sum, then monthly pay out

	<input type="checkbox"/> \$500,000 (\$100,000 lump sum)
	\$3,333.33 per month
	120 months
	180 days
	6 months

Brain Death Benefit

Incurral Period

Matches Catastrophe Cash lump sum

365 days

Covered Activities

Covered activities include *Covered Events* and *Covered Travel*.

Covered events are both athletic and non-athletic activities organized, conducted, sponsored and supervised by the appropriate officials of the insured's school participating in the program, under the jurisdiction of the School or School District such as:

- Interscholastic sports
- School sponsored camps
- Summer clinics
- Open gym
- Field trips
- School dances
- Special events
- Other normal school activities

Covered Travel is travel directly to or from a *Covered Event*, which has been authorized by the insured's school participating in the plan.



Eligibility

All students of the participating school/school districts while attending during normal class time, and/or while taking part in its sponsored and supervised activities, including travel to and from.

Exclusions

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury while sane;
2. unless specifically provided by the Policy, sickness, disease, or infections of any kind except: bacterial infections due to accidental ingestion of contaminated substances or pyogenic infections which result from an injury; cut or wound; botulism or ptomaine poisoning;
3. the insured's commission of or attempt to commit a felony;
4. declared or undeclared war, or any act of declared or undeclared war;
5. the insured's participation in any team sport or athletic activity, except participation in Covered Events;
6. the insured being intoxicated, or being under the influence of drugs or narcotics, unless used as prescribed by a physician for a medical condition other than drug addiction. An insured shall be presumed to be intoxicated if the level of alcohol in his or her blood is determined to exceed the level above which a person is held under the law of the location where the injury occurred, to be intoxicated if operating a motor vehicle, regardless of whether the insured is in fact operating a motor vehicle when the accident occurs.





School Catastrophic Insurance Enrollment Questionnaire

Managing Agent: Loomis & Lapann, Inc.
P.O.Box 2158
Glens Falls, NY 12801

Underwritten by: National Union Fire Insurance
Company of Pittsburgh, Pa.

Enrollment form hereby made to participate in the blanket student accident policy.

Participating School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Grades	# of Enrolled Students	Name of Sport
K-6	_____	
Jr. High / Middle	_____	
High School	_____	
Sports Only	_____	_____

Total = _____

Coverage will become effective on the date indicated below subject to final underwriting approval.

Requested Dates of Coverage (Period of coverage is one year.)

From: _____ to: _____

Purchase Order Number

Authorized Signature

Email Address

Print Name of Authorized Person

Enrollment Procedure

- Step 1:** Complete enrollment questionnaire enclosed in this brochure*.
- Step 2:** Email to sports@loomislapann.com or fax completed questionnaire to 518-792-3426.
- Step 3:** Mail original questionnaire and check to:
Loomis & Lapann, Inc.
P.O.Box 2158
Glens Falls, NY 12801

* If you have any questions regarding the enrollment procedures described, please call 1-800-566-6479 or visit www.loomislapann.com

