

Loomis & Lapann, Inc.

Accident & Catastrophic Insurance Program for K–12 Students

Submission Date: _____ Quote Due Date: _____

Effective Date: _____ Expiration Date: _____

Legal Name of School / School District: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Phone: _____

Email: _____ Website Address: _____

DESCRIPTION OF CLASS

All registered students of the Policyholder/Participating Organization are covered.

Optional coverage is available for coaches (non-teachers) and volunteers.

DESCRIPTION OF COVERED ACTIVITY OPTIONS — COMPULSORY PLANS *(Premium is paid by the school)*

Option I: School and Sports Option

While on the Policyholder/Participating Organization's premises during the hours and on the days when the Policyholder/Participating Organization is in session ([excluding/including] Senior High interscholastic football [and] [excluding/including] Senior High interscholastic sports) including one hour before and after; or while participating in or attending an authorized and sponsored activity of the Policyholder/Participating Organization away from the Policyholder/Participating Organization's premises. This includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder/Participating Organization and to or from the student's residence to attend regular Policyholder/Participating Organization sessions.

 Include Senior High Interscholastic Football Exclude Senior High Interscholastic Football

Option II: Sports Option

While participating as a member of a team during a supervised, scheduled and approved official season practice or game of the Policyholder/Participating Organization, including band members, cheerleaders, majorettes, participants of intramural sports, gym classes, coaches, managers, trainers and non-sport extracurricular activities [including/excluding] Senior High interscholastic football). This includes adult-supervised, direct and uninterrupted travel with other members of the team to and from such activities in a vehicle designated by the Policyholder/Participating Organization.

 Include Senior High Interscholastic Football Exclude Senior High Interscholastic Football

Option III: Senior High Interscholastic Football Option

While participating in interscholastic football games that are sponsored and supervised by the Policyholder/Participating Organization. This includes related practice sessions and on- and off- season physical conditioning. This includes adult-supervised, direct and uninterrupted travel with other members of the team to and from such activities in a vehicle designated by the Policyholder/Participating Organization.

EXPOSURE INFORMATION *(attach a separate sheet, if necessary)*

Per School or School District:		School Districts:		Optional Coverage:	
	No. of Students		No. of Students		No. of Participants
K–6, 7 or 8		Junior Highs		Coaches	
7, 8 or 9–12		Senior Highs		Volunteers	
	No. of Football Players		No. of Athletes <i>(All Other Sports)</i>		
K–6, 7 or 8		K–6, 7 or 8			
7, 8 or 9–12		7, 8 or 9–12			

Please report any known field trips more than 100 miles away from school:

Trip	No. of Students on Trip	Duration	Destination(s)
A			
B			
C			

ACCIDENT PLAN DESIGN

Accident Medical Expense: Excess

Base Maximum Amount: \$25,000 \$50,000Deductible Amount: \$500 \$1,000

Coinsurance: None

Sub Limit Physical Therapy: \$50 per visit to a maximum of 10 visits

CATASTROPHIC PLAN DESIGN

 Yes No

Catastrophic Maximum Amount: \$1,000,000

Accidental Death and Dismemberment

Accidental Death \$10,000

Accidental Dismemberment \$20,000

AD&D Incurral Period 365 Days

Accident Medical Expense

Excess

Maximum Amount \$1,000,000

Benefit Period 2 years (104 weeks)

Deductible (Integrated) \$25,000 \$50,000 (Catastrophic Coverage Only)

Incurral Period 180 Days

Catastrophe Cash

Lump Sum (then monthly pay out)

Maximum Amount \$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

Brain Death Benefit

Matches Catastrophe Cash lump sum

Incurral Period 365 days

EXPERIENCE

If no prior coverage, check here

Name of present carrier (attach a copy of current policy, if available) _____

Premium/Loss History: _____

Attach loss runs for the last three years.

PRODUCER INFORMATION

Loomis & Lapann, Inc. | 518-792-6561 | 228 Glen Street, Glens Falls, NY 12801 | sports@loomislapann.com | www.loomislapann.com