



**EDUCATION  
PROTECTOR**

## CONGRATULATIONS ON RECEIVING YOUR VERBAL ATHLETIC SCHOLARSHIP OFFER!

The attached application will collect information necessary to determine if you are eligible for the Education Protector<sup>SM</sup> product. Please complete all required fields in legible print, enclose your form of payment (check, e-check, or credit card information) and send back for our review.

Once eligibility is verified, we will contact you within 2-3 business days via email to confirm your coverage and Policy details and notify you that your Policy is ready to be downloaded. In the meantime, you will receive a non-binding, temporary and conditional binder containing a brief description of the coverage. Your full Policy will be available only if your application is approved by EPIC.

### General Mail:

Loomis & LaPann, Inc.  
P.O. Box 2158  
Glens Falls, NY 12801

Telephone: 800-566-6479

Email: [sports@loomislapann.com](mailto:sports@loomislapann.com)

Name of Student Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*The following application is for a 12 month Education Protector Insurance Policy for a senior cohort or a 24 month Education Protector Insurance Policy for a junior cohort.*

*Total Premium is \$749.00 per 12 month period of coverage for a senior cohort and \$1,400 per 24 month period of coverage for junior cohort.*

*Policy will not be effective until payment is processed and the application has been reviewed and approved.*

## Instructions:

Education Protector<sup>SM</sup> insurance is designed specifically for eligible high school athletes under age 21 who have received a Verbal Offer for an athletic scholarship or grant from an NCAA Division I or Division II sports program. The program provides coverage between the policy effective date and the sooner of the student-athlete's signing of a Letter of Intent and the National Letter of Intent Final Signing Date. Education Protector provides Tuition reimbursement benefits in the event of a covered loss of those athletic scholarship or grants due to a covered Injury.

Applying for Education Protector is very easy. There are 3 steps to complete and then your application will be reviewed for eligibility. If there are any problems or questions, a representative will contact you. If your application is accepted and you are eligible for coverage, your Policy will be available to you online within 2-3 business days. While your Policy is being reviewed, you will receive a nonbinding temporary and conditional binder containing a brief description of the coverage.

**Step 1: Provide Basic Information** on the Student Athlete who will be the Applicant for the Policy. You must also provide information on the details of the Verbal Offer received by the Student Athlete (school, sport, offer detail, type of scholarship; etc.).

**Step 2: Accept the Benefit and Policy Terms.** The Policy has many provisions that you must accept to become a Policy holder. [Follow this link to access the Terms & Conditions and Privacy Notice.](#)

**Step 3: Payment.** No coverage will be effective until the full premium of the Policy has been paid and accepted and the Policy has been reviewed and approved. You can choose to pay by either check (via mail), electronic check or by credit or debit card.

For a declined card or an ineligible student, EPIC will notify the applicant through an email (if they have opted in to electronic communication). If the ineligible applicant mailed in a check payment, he/she will receive a check back via mail. If the ineligible applicant paid by credit card, the credit card account will be refunded. Once eligibility is verified, we will contact the applicant within 2-3 business days to confirm the coverage and policy details. In the meantime, the applicant will receive a non-binding, temporary and conditional cover note containing a brief description of the coverage. The full policy will be available upon approval of the application by EPIC.

## IMPORTANT DEFINITIONS

**Age.** Means the Insured's age last birthday on the Policy Effective Date as shown in the Declarations. If the Insured's birthday is on the Policy Effective Date, the Age shown will be the Age on that birthday.

### Declarations:

Insured:	[Student Name]
Insured High School Cohort:	[Senior] [Junior]
Insured's Age as of Policy Effective Date:	[17]
Insured's Address:	[124 Anystreet Anytown, USA]
Policy #:	[123345]
Policy Effective Date:	[6/1/00]
Premium:	[Senior cohort: \$749 per 12 month period of coverage] [Junior cohort: \$1,400 per 24 month period of coverage]
Maximum Amount:	\$200,000 The maximum amount of the Tuition reimbursement benefit is payable only for actual Tuition charges incurred (net of any scholarship or any grant) up to \$200,000, during the six consecutive year period beginning with the academic session immediately following the date the Insured was scheduled, to graduation from high school.
Benefits:	The Company will pay a Tuition reimbursement benefit due to an Injury to an Insured that occurs when the Policy is in force which results from: 1) the inability of the Insured to participate in the sporting activity at the college level that is the subject of a Verbal offer from an Institution of Higher Learning for an athletic scholarship or an athletic grant listed on the Application; and 2) the failure of all Institutions of Higher Learning to offer any Letter of Intent to the Insured by the NLI Final Signing Date pertaining to the Insured and the Insured's sport listed on the Application.
Period of Coverage:	[Senior cohort: 12] [Junior cohort 24] months

**Injury.** Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured.** The person named in the Declarations for whom coverage is provided under the Policy.

**Insured Person.** The person named in the Declarations for whom coverage is provided under the Policy.

**Institution of Higher Learning.** Any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to any university, college, or trade school.

**Letter of Intent.** Means the National Letter of Intent. This is a binding agreement between a prospective student-athlete and an NCAA Division I or Division II institution participating in the National Letter of Intent program where:

- A prospective student-athlete agrees to attend the designated institution full-time for one academic year (two semesters or three quarters); and
- The institution agrees to provide athletics financial aid to the student-athlete, for one academic year (two semesters or three quarters), provided he/she is admitted to the institution and is eligible for financial aid under NCAA rules.

**Maximum Amount.** The amount shown on the Declarations that is used to determine amounts payable under the Policy.

**NLI Final Signing Date.** Means the Final Signing Date established by the National Letter of Intent program managed by the NCAA Eligibility Center.

**Physician.** Means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) an Insured Person; or 2) an Immediate Family Member. Immediate Family Member means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Policy.** The Policy, the Application and any attached riders and endorsements.

**Pre-Existing Medical Conditions.** Means the existence of (i) symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a two year period preceding the Policy Effective Date or (ii) a condition for which medical advice or treatment was recommended by a Physician or received from a Physician with a two-year period preceding the Policy Effective Date.

**Tuition.** Means these charges: (1) the charge made by an Institution of Higher Learning for instruction; (2) the charge made by an Institution of Higher Learning for instruction-related fees such as lab fees; (3) the charge made by an Institution for Higher Learning for room and board; and (4) charges for required course-related books.

**Verbal Offer.** Means a verbal commitment of an athletic scholarship or athletic grant made on behalf of the Institution of Higher Learning by its athletic department. The Verbal Offer must be documented and confirmed by a national scouting agency. The Verbal Offer must state the type of scholarship and expenses covered (e.g., full/partial). The Verbal Offer precedes the Letter of Intent.

**We, Us, Our, Company.** Means AIG Specialty Insurance Company and IL Lexington Insurance Company.

**You, Your.** Means the Insured.

## EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Participation in any professional or semi-professional team sports;
2. Alcohol or drug abuse;
3. Pregnancy;
4. Pre-existing Medical Conditions;
5. Participation in sky-diving, parachuting, skiing outside the established boundaries/premises of a ski resort; skiing in areas designated as unsafe by ski resort management, hang gliding, scuba diving, deep sea diving, paragliding, bungee jumping, or hot air ballooning;
6. Traveling in or on any motor vehicle operated by a person who does not hold a valid operator's license;
7. Elective abortion;

8. Elective surgery; or any cosmetic surgery;
9. Any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
10. The Insured's commission of or attempt to commit a felony;
11. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Insured or the Insured's employer;
12. The Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
13. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy;
14. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
15. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
16. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
17. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
18. The Insured being under the influence of performance enhancing drugs.

### Limitation on Benefit Payments

The Maximum Amount shown in the Declarations is the most the Company will pay under the Policy.

The Maximum Yearly Benefit Amount is the most the Company will pay under the Policy for actual Tuition charges incurred in a 52 week period commencing with the first week of the Insured's first academic term. The Maximum Yearly Benefit Amount is an amount equal to 25% of the Maximum Amount shown in the Declarations.

The Maximum Amount payable for all Injuries insured under the Policy will not exceed the amount payable for one Injury.

*This is a insurance proposal only. It is not a contract of insurance. The contract that may ultimately be issued will be subject to changes based upon the underwriting information you supply and will embody and include any subsequent changes in the applicable laws of your state.*

*This is only a brief description of the benefits of this Plan and does not cover all the terms, conditions and limitations. The Policy shall provide the only basis for coverage and claim. If there are any conflicts between this information and the Policy S30773ASIC (Rev 02-14), the Policy shall govern. In Illinois, Policy S30775LEX (Rev 02-14) shall govern. Coverage may not be available in all states or jurisdictions. Coverage is provided by a surplus lines insurer. Surplus lines insurers do not participate in state guaranty funds and as such, insureds are not protected by such funds.*

**AIG SPECIALTY INSURANCE COMPANY**  
 Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
 (212) 458-5000  
 (a capital stock company, herein referred to as the Company)

**NOTICE: THIS INSURER IS NOT LICENSED IN THE STATE OF NEW YORK AND IS NOT SUBJECT TO ITS SUPERVISION**

**Application for Education Protector Accident Insurance**

Application is hereby made for a plan of insurance based on the following statements and representations:

**MAXIMUM AMOUNT:** \$200,000

**INSURED INFORMATION:**

Insured Student's Name (First Name, MI, Last Name)		
Insured Student's Phone Numbers : Home:		Cell:
Insured Student's Address		
Insured Student's Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Insured High School Cohort/ Period of Coverage:	<input type="checkbox"/> Senior. 12 month Period of Coverage <input type="checkbox"/> Junior. 24 month Period of Coverage	Note:

**UNDERWRITING QUESTIONS:**

Does the Insured Student have Verbal Offer for an athletic scholarship from an institution of higher learning offering a Division I or Division II sports program? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide details below:		
NAME OF INSTITUTION OF HIGHER LEARNING MAKING VERBAL OFFER	TYPE OF SPORT THAT IS THE SUBJECT OF THE VERBAL OFFER	DETAILS OF VERBAL OFFER (e.g., FULL/PARTIAL—DETAILS)

**APPLICANT'S STATEMENTS AND AGREEMENTS**

1. I understand that the Effective Date of the Policy will be the date recorded in the Policy's Declarations by the Company. 2. I acknowledge receipt of Privacy Notice. 3. I understand that: (1) the Policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information the Company may require for proper underwriting; (2) the Company is not bound by any statement made by me, or any associate/agent of the Company, unless written herein; (3) the associate/agent cannot change the provisions of the Policy or waive any of its provisions either orally or in writing; (4) the Policy, together with this application, riders, benefit agreements, endorsements, and attached papers, if any, constitutes the entire contract of insurance; and (5) no change to the Policy will be valid until approved by the Company's Secretary and President and noted in or attached to the Policy.
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**NOTICE TO BUYER:** The policy applied for does not pay a benefit if an athletic scholarship or athletic grant is actually received, regardless of whether the amount of the athletic scholarship actually received or the athletic grant actually received is less than the amount of any Verbal Offer.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I authorize the following to give information (as defined below) to AIG Specialty Insurance Company (ASIC) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including ASIC, with respect to other ASIC coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), the Medical Information Bureau, consumer reporting agency or employer. "Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that ASIC deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize ASIC to give information to the Medical Information Bureau. I understand that any disclosure of health information to ASIC for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be re-disclosed only in accordance with other applicable laws or regulations. I understand that this information will be used by ASIC for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the Policy itself during the contestability period provided in the Policy. I understand that ASIC is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued. I understand that I may revoke this authorization at any time, except to the extent that (1) ASIC has taken action in reliance on this authorization, or (2) other law provides ASIC with the right to contest a claim under the Policy or the Policy itself. My revocation must be submitted in writing to ASIC, AIG, Accident and Health Claims Division, P.O. Box 25987, Shawnee Mission, KS 66225. Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date ASIC notifies me of its declination of my application for coverage or, if a policy is issued, two years from the Policy effective date. I agree that a copy of this authorization is as valid as the original. I have read, or had read to me, the completed application and realize that Policy issuance is based upon statements and answers provided herein and any other pertinent information ASIC may require for proper underwriting. The answers are complete and true to the best of my knowledge and belief.

Signed and Dated at \_\_\_\_\_ on \_\_\_\_\_  
City and State Date

Applicant's Signature \_\_\_\_\_

Licensed Associate/Agent \_\_\_\_\_ Date \_\_\_\_\_

**PREMIUM:**

- Money paid with this application \$ \_\_\_\_\_.
  - Cash;
  - Check or money order (Make check or money order payable to AIG Specialty Insurance Company);
  - Credit / Debit Card: Automatically collect my payment from the Credit / Debit Card I have listed below.
- Credit / Debit Card Type:  Visa]  Mastercard  Discover  American Express
- Credit / Debit Card Number: \_\_\_\_\_ Expiration Date: (MM/Year) \_\_\_\_/\_\_\_\_
- Name exactly as it appears on the Credit/Debit Card: \_\_\_\_\_

**OPT IN TO ELECTRONIC COMMUNICATION:**

Check below and provide email address if you agree to receive communications regarding Education Protector via email and online at EducationProtector.com. This includes, but is not limited to, receiving notifications and policy materials (including fulfillment materials) electronically.

Applicant's email address:

\_\_\_\_\_

You can also apply online at [www.EducationProtector.com](http://www.EducationProtector.com).

**Fraud Warning Statements:**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

<u>State</u>	<u>Fraud Warning Statement</u>
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Oklahoma	Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.