

Catastrophic Accident Insurance

2017-2018



Underwritten by:

CHUBB[®]

ACE American Insurance Company
2017 Best rated A++ (Superior)
(A.M. Best Rating ranges from A++ to D)
This rating is an indication of the
company's financial strength and ability to
meet obligations to its insureds.

Plans arranged and administered by:



(800) 827-4695
www.myers-stevens.com
26101 Marguerite Parkway
Mission Viejo, California 92692
CA License #0425842

Even with the best of precautions...

Students may still sustain serious or fatal injuries while going to school, playing sports, attending field trips, or simply being in class. Traumatic brain injuries, coma, paralysis, and loss of life are examples of the catastrophic losses that can occur. Such injuries typically come with medical bills and other expenses that far exceed those associated with injuries that are not life altering.

By providing Catastrophic Injury Coverage, schools and districts can help seriously injured students and families ease their financial concerns. In addition, Catastrophic Injury Coverage allows students and families to access the care they need, reduce potential liability costs for the school or district, provide for final expenses when needed and promote healing of the community as a whole.

Catastrophic accidents do not limit themselves to sports

Many governing bodies for sports already require member schools to carry a catastrophic injury policy for athletics and a number of school property and casualty pools and consortiums have followed suit.

The need for catastrophic coverage is clear and although they are most commonly associated with athletic participation, these injuries are not relegated to sports activities alone. The transportation of students, specialized electives, physical education, natural disasters and on-campus violence are just a few examples of how these injuries can occur in areas other than the playing field.

No one likes to talk about it

On-campus violence is an issue that cannot be ignored. Violent acts on campus don't affect just those directly involved, but the community as a whole. If a student is killed as a result of criminal violence while participating in a covered activity, the Crisis Management Benefit can provide additional funds to help the school or district deal with the aftermath as best fits their needs (i.e. counseling for staff and students, additional security measures, etc.)

CATASTROPHIC COVERAGE OPTIONS

Eligibility

All enrolled students and volunteers of the participating School/District.

Coverage

Student Activities Coverage

Covers students while on premises when school is in session and while participating in school sponsored and directly supervised activities (except interscholastic athletics), and while traveling directly and without interruption between school and the site of such activities, provided that such travel is arranged by and is at the direction of the school, and while traveling directly and without interruption between home and school to attend regularly scheduled classes (includes one hour immediately before and after regularly scheduled classes).

Adult/Parent Volunteers Coverage

Covers adult/parent volunteers while participating as a school volunteer in any school sponsored activity, and while traveling, as a volunteer, directly and without interruption between school and the site of such activities, provided that such travel is arranged by and is at the direction of the school.

OPTION I: \$1,000,000 Maximum Accident Medical

OPTION II: \$5,000,000 Maximum Accident Medical

Interscholastic Athletics/Activities Coverage

Covers students while participating in school sponsored and directly supervised games and official practice sessions of interscholastic sports and supporting activities (band, cheerleaders, majorettes, student coaches, student trainers, and student managers) and while traveling directly and without interruption between school and the site of such activities, provided that such travel is arranged by and is at the direction of the school.

Summer Sports and Conditioning

Covers students while participating in school sponsored and directly supervised sports and conditioning activities conducted during the summer, and while traveling directly and without interruption between school and the site of such activities, provided such travel is arranged by and is at the direction of the school.

PROGRAM COMPONENTS

Accident Medical Expense Benefits *\$1,000,000 / \$5,000,000 Accident Medical Maximum*

Medical expenses will be paid for Usual and Customary charges for expenses incurred for Medical and Dental Services, with limits of \$1,000,000 or \$5,000,000 depending upon the option selected. The first expense must be incurred within 180 days after the date of the Covered Accident. After a \$25,000 deductible* is satisfied, benefits will be paid for covered expenses incurred up to 10 years from the date of the Covered Accident. The expenses to satisfy the deductible must be incurred within two years after the date of the Covered Accident.

*The deductible will be waived for certain conditions: *the Insured dies within 30 days as a result of a Covered Accident, complete and irrecoverable loss of sight of both eyes, or of any two limbs, hands or feet, or total and irreversible paralysis of any two limbs which is the result of a covered injury to the spinal cord, coma or brain death.*

(continued on next page...)



(Program Components continued...)

Catastrophic Cash Benefit \$500,000/\$1,000,000 Cash Benefit Maximum

If, as a result of a covered Injury, an Insured suffers Paralysis, Coma, or Brain Death, benefits for each Covered Accident will be paid as indicated in the Table of Losses. Paralysis, Coma, or Brain Death must occur within 180 days from the date of the covered Accident, continue for 6 consecutive months, and have a prognosis that such loss will be permanent. If the Insured incurs more than one loss as the result of the same covered Accident we will only pay one benefit, the largest, for which the Insured Person is covered. In no event will the amount paid exceed the Catastrophic Cash Maximum Amount selected in the application.

Benefits are payable in addition to the Accident Medical Expense Benefit.

TABLE OF LOSSES	% OF MAXIMUM BENEFIT AMOUNT
Coma	100%
Brain Death	100%
Paralysis of: Two or more Upper and/or Lower Limbs.....	100%
One Lower Limb or One Upper Limb	50%

A lump sum payment equal to 20% of the Maximum Benefit Amount will be paid after 6 months, thereafter a monthly benefit will be paid for up to 10 years.

Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Benefits

If injury to the Insured shall result, within 180 days from the date of the Covered Accident, in any one of the losses specified below, the Company will pay the Benefit indicated. The following benefits are paid in addition to the Accident Medical Expense Benefit. If more than one of such specified losses shall result from the same covered Accident, only one amount, the largest, shall be paid.

	% OF PRINCIPAL SUM
Loss of life	100%
Loss of one hand, one foot, sight in one eye, speech or hearing	40%
Loss of both hands, both feet, sight in both eyes, speech or hearing.....	200%
Loss of thumb and index finger of the same hand	20%
Heart or circulatory malfunction death benefit.....	100%**

OPTION I: AD & D Principal Sum is \$25,000
OPTION II: AD & D Principal Sum is \$50,000

****Payable for Loss of Life due to Heart, Circulatory or Pulmonary Malfunction that occurs within 72 hours of participation in a covered activity that is causally connected to such Malfunction (see Definitions on page 5).**

Crisis Management Benefit \$50,000/\$100,000 Crisis Management Maximum

If a student is killed as a result of criminal violence while participating in a Covered Activity sponsored and supervised by the School or school district, we will pay the Crisis Management Benefit shown in the Schedule of Benefits to the School or school district involved to help them access the counseling and other care they deem is needed by the student body and staff. The Covered Activity includes a time period of one half hour before the first scheduled period of instruction or Covered Activity, and ends one half hour after the last scheduled period of instruction or Covered Activity.

Seatbelt and Airbag Benefit

If the Insured dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile, the Company will pay a benefit of 10% of the Principal Sum, up to \$5,000. An additional benefit will be paid, if the Insured was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag). Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Insured's claim to the Company. In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

OPTIONAL ADDITIONAL BENEFIT PACKAGE

Cosmetic Disfigurement from Burns Benefit

If, as a result of a Covered Injury, an Insured suffers third or fourth degree burns in one or more areas of the body, benefits will be paid as determined by the formula specified in the policy, up to a maximum benefit of \$150,000.

Special Adaptation Expense Benefit

If an Insured suffers a "presumptive disability" (see Definitions on page 5) from a covered Accident and requires a special housing adaptation or a special vehicle to accommodate the disability, benefits will be paid up to \$75,000 for the housing adaptation and/or up to \$75,000 for the special vehicle. Benefits are not payable unless the Insured's physician certifies them as necessary.

Traumatic Brain Deficit Benefit

If an Insured suffers an injury to the brain which 1) occurs, and is diagnosed by a Doctor; 2) results in measurable, neurological deficit persisting for the lesser of at least 12 consecutive months or the time at which maximum recovery has been reached; 3) requires permanent daily personal supervision; and 4) results in the inability of the Insured to perform independently three or more of the following activities of daily living: a) transferring (moving in or out of a bed or chair); b) dressing; c) bathing; d) feeding; e) toileting; or f) continence, benefits will be paid up to a maximum of \$250,000.

2017-2018 SCHOOL YEAR COVERAGE REQUEST FORM

Name of School/District	Address		
City	State	Zip	Phone
Fax	Email		

CATASTROPHIC COVERAGE:	OPTION 1- \$1,000,000 MAX	OPTION 2- \$5,000,000 MAX
Student Activities	_____ X \$1.12 = _____ Total Enrollment TOTAL	_____ X \$1.98 = _____ # of participants TOTAL
Adult/Parent Volunteers	_____ X \$0.48 = _____ # of Volunteers TOTAL	
Interscholastic Athletics (All interscholastic athletes and non-competing participants)	_____ X \$3.90 = _____ # of Participants TOTAL	_____ X \$5.97 = _____ # of participants TOTAL
Summer Sports and Conditioning (All participants)	_____ X \$1.15 = _____ # of Participants TOTAL	

Minimum Premium Allowed: \$350

OPTIONAL ADDITIONAL BENEFITS PACKAGE:	See page 3 for benefit maximums and complete details.	
Student Activities	_____ X \$0.10 = _____ Total Enrollment TOTAL	
Adult/Parent Volunteers	_____ X \$0.05 = _____ # of Volunteers TOTAL	
Interscholastic Athletics (All interscholastic athletes and non-competing participants)	_____ X \$0.34 = _____ # of Participants TOTAL	
Summer Sports and Conditioning (All participants)	_____ X \$0.11 = _____ # of Participants TOTAL	

Total Due =

Effective date of this coverage will be the first day of school and/or the first official day of interscholastic athletics practice (if applicable), or the date the Coverage Request Form and premium are received by Myers-Stevens & Toohey & Co., Inc., whichever is later.

Coverage Effective Date: _____ to _____

We hereby request a Catastrophic Accident Insurance Policy. We understand that Insurance will be in force if this Coverage Request Form is accepted by the Company and the required premium is received by the Company when due.

Name of the person authorized to contract for the School/District	Title
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Signature _____ Date _____

Coverage Request Form must be completed in its entirety and received by MYERS-STEVEN & TOOHEY & CO., INC. prior to the effective date required.

Please scan/email, fax or mail your information to:

Myers Stevens & Toohey & Co., Inc.
 26101 Marguerite Parkway
 Mission Viejo, CA 92692
 Office: (800) 827-4695 *612
 Fax: (949) 348-2630
 Email: tsoto@myers-stevens.com
 License #0425842



DEFINITIONS

“Loss” means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Heart and Circulatory Malfunction” means myocardial infarction, angina pectoris, coronary thrombosis, cardiac arrest or a cerebral vascular accident. “Pulmonary Malfunction” means failure of the lungs to operate in the normal manner.

“Presumptive Disability” means the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs within one year of the Covered Accident. “Vehicle” means a private passenger land motor vehicle. It includes automobiles, vans, and four wheel drive vehicles. It does not include a vehicle used for farming, commercial business, racing or any type of competitive speed event.

EXCLUSIONS

Benefits are not paid for any loss or Injury that is caused by, or results from:

- Intentionally self-inflicted Injury, suicide or attempted suicide; committing or attempting to commit a felony;
- Injury or loss sustained due to the use of alcohol or drugs, unless administered by a Physician.
- Any injury that is caused by: (a) Flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger; (b) Parachuting, skydiving, parasailing, hang-gliding; (c) Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle; (d) An Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver’s Education Program.
- War or any act of war, whether declared or not.
- Commission of or active participation in a riot or insurrection.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Treatment by persons employed or retained by a Participating Organization, or by any Immediate Family or member of the Insured’s household.
- Injury covered by Workers’ Compensation.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- Covered medical expenses for which the Insured would not be responsible for in the absence of the Policy.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Eyeglasses, contact lenses, hearing aids, repair or replacement of them, examinations or prescriptions for them, except for an Injury to the eye or ear while coverage is in effect.
- Injury or death caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including but not limited to, the payment of claims.

Facility of Payment: Whenever payments that should have been made under the Policy are made by any other policy, the Company reserves the right, at their sole discretion, to pay over to any plan making such other payments, any amounts the Company determines are warranted in order to satisfy the intent of this provision. The amounts paid are considered benefits paid under the Policy and, to the extent of such payments, the Company shall be fully discharged from liability under the Policy. In no event will the Company pay more than the benefits payable under the Policy for all policies providing the same or similar benefits issued to the Policyholder and underwritten by the Company.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.