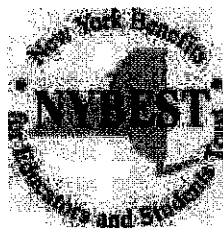


**STUDENT ACCIDENT INSURANCE PROPOSAL
PREPARED ESPECIALLY FOR:**

PORT JERVIS CITY SCHOOL DISTRICT



Presented By:
Michael Chymiy
Area Senior Vice President

Phone: 1-800-350-8005 Ext. 8029
Fax: 973-921-2876
Email: Michael_Chymiy@ajg.com
www.BollingersSchools.com



Bollinger Specialty Group
BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

This proposal is not a legal contract. Please refer to the actual policies quoted for specific terms, conditions, limitations and exclusions that will govern in the event of a loss. Specimen copies of these policies are available for your review prior to the binding of coverage.



Bollinger Specialty Group
Student Accident Insurance Renewal Proposal
Designed Especially for

Port Jervis City School District

Bollinger Contact: Michael W. Chymiy
 Phone Number: 1-800-350-8005, Ext. 8025
 Carrier: Zurich
 Supplies Sent To: NA

Proposal Type: Renewal
 Proposal #: 033944
 Plan Year: 2016-2017
 Policy #: To Be Assigned
 Effective Date: 07/01/16
 Expiration Date: 06/30/17

Student Coverage Including Interscholastic Athletics & Football

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
All Students & Athletes	Plan 1 - See Attached for Benefit Summary	\$50,000	3 Year	Excess	\$0
\$5,000 Accidental Death and \$10,000 Dismemberment					

Student Coverage Including Interscholastic Athletics & Football

Coverage	Plan Options	Maximum Benefit	Benefit Period	Payment Basis	Deductible
All Students & Athletes	Plan 1 - See Attached for Benefit Summary	\$1,000,000	3 Year	Excess	\$50,000
AD&D \$10,000 / \$500,000 Aggregate Limit					

Annual Premium: \$24,984.00

We thank you for the opportunity to provide a proposal for your insurance needs through NYBEST. 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 Michael_Chymiy@ajg.com.

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.



Bollinger Specialty Group

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ARTHUR J. GALLAGHER & CO.

Zurich American Insurance Company Plan Coverage Summary – Plan 1

Covered Medical Benefits	2016-2017
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
Non-Emergency Inpatient/Outpatient X-Rays	100% U&C
Diagnostic Imaging	100% U&C
Ambulance Expenses	100% U&C
Rehabilitative Limb Braces, Wheelchairs 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

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. Any losses contributed to or caused by, in whole or in part, a **Pre-existing Condition** for twelve (12) consecutive months after the enrollment date, or is sixty-five (65) years of age or older, until the **Insured** has been continuously covered for six (6) consecutive months.
4. **Covered Injury** for which the **Insured** is entitled to benefits under state or federal Workers' Compensation, Employers' Liability or Occupational Disease law, or mandatory Automobile No Fault Auto Coverage.
5. Treatment by any immediate family member.
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. Mental or emotional disorders, alcoholism or drug addiction.
9. Expenses which the **Insured** would not normally be charged.

SECTION IV – GENERAL EXCLUSIONS

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

1. suicide, attempted suicide or intentionally self-inflicted injury
2. war or any act of war, whether declared or undeclared.
3. service in the Armed Forces or units auxiliary thereto.
4. the **Insured's** being intoxicated or under the influence of any narcotic unless administered on the advice of a **Physician**.
5. aviation except as a fare-paying passenger on a regularly scheduled charter flight operated by a scheduled airline.
6. the **Insured's** participation in any interscholastic sports unless mentioned in the **Covered Activities**.
7. any condition for which the **Insured** is entitled to benefits under any state or federal Workers' Compensation, Employers' Liability or Occupational Disease law or mandatory Automobile No Fault Auto Coverage.
8. any loss incurred while outside the United States, its possessions or the countries of Canada and Mexico.