



Policy Number: KAMB-168167

AXIS INSURANCE COMPANY
(AN ILLINOIS COMPANY)

SSEI Insurance Agency USA
ACCIDENT MEDICAL MASTER INSURANCE APPLICATION

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

Policyholder

(full legal name): North Kingstown School Department

Street Address: 100 Romano Vineyard Way, Suite 120

City: North Kingstown

State: RI

Zip Code: 02852

Policyholder's E-mail Address: mary_king@nksd.net

Telephone Number: (401) 268-6415

Grades Included: K-12 Estimated # of Students: 3,950

VOLUNTARY STUDENT ACCIDENT COVERAGE

Plan: II	Accident Medical Benefit:
<input checked="" type="checkbox"/> Includes Sports Other than Senior High School Football	<input checked="" type="checkbox"/> Full Excess
<input checked="" type="checkbox"/> Senior High School Football	<input type="checkbox"/> Primary
<input type="checkbox"/> Excludes Sports	Benefit Period: 1 (years)
Effective Date: August 19, 2020	Total Max for All Accident Medical Benefits: \$ 25,000
Termination Date: August 18, 2021	<input checked="" type="checkbox"/> School Time Rate: \$ 20.00
	<input checked="" type="checkbox"/> 24-Hour Rate: \$ 75.00
	<input checked="" type="checkbox"/> Sr. High Football Rate per player: \$ 50.00

COMPULSORY STUDENT ACCIDENT COVERAGE

Plan:	Accident Medical Benefit:
<input type="checkbox"/> Includes Sports other than Senior High School Football	<input type="checkbox"/> Full Excess
<input type="checkbox"/> Includes High School Sports and Football	Benefit Period: (years)
Effective Date:	Total Max for All Accident Medical Benefits: \$
Termination Date:	Flat Rate: \$

OPTIONAL COVERAGES

<input type="checkbox"/> Felonious Assault and Violent Crime Benefit
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MANDATORY INTERSCHOLASTIC SPORTS COVERAGE

Plan: II	Accident Medical Benefit Plan:
<input type="checkbox"/> Senior High School Football	<input checked="" type="checkbox"/> Full Excess
<input type="checkbox"/> Junior High School Football	<input checked="" type="checkbox"/> Expanded Sports Medical Coverage
<input type="checkbox"/> Band and Cheerleader	Benefit Period: 1 (years)
<input type="checkbox"/> Senior High School Sports	Total Max for All Accident Medical Benefits: \$ 25,000
<input type="checkbox"/> Junior High School Sports	
Effective Date: August 19, 2020	
Termination Date: August 18, 2021	Flat Rate: \$ 800.00 - Special Activities rider

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

<input checked="" type="checkbox"/> Included <input type="checkbox"/> Not Included	Principal Sum: \$ 20,000.00
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Notes:

The Voluntary coverage also includes the optional \$50,000 24-Hour Extended Dental rider for a premium of \$9.00
Work-Based Learning programs are covered under the Special Activities rider. Private transportation to and from those program locations is covered under the rider.

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. 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.

Mary C. King
Authorized Signature of the Applicant
8/25/20

MARY C. KING
Printed Name of Applicant's Authorized Representative

Date:

Licensed Broker/Agent Signature	Printed/Typed Name of Agent/Broker
Address: _____	
City: _____	State: _____
Zip code: _____	
Telephone Number: _____	Federal I.D. Number: _____
License Number: _____	Date: _____

<u>Thomas Lefebvre</u> Regional Sales Manager/Agent Signature	<u>Thomas Lefebvre / Lefebvre Insurance, LLC</u> Printed/Typed Name of Regional Sales Manager/Agent
Address: 850 Franklin Street	
City: Wrentham	State: MA
Zip code: 02093-2406	
Telephone Number: (800) 451-9668	Federal I.D. Number: 26-3134408
License Number: RI-1045498	Date: August 28, 2020

Return Application to:
Lefebvre Insurance, LLC
850 Franklin Street
Wrentham, MA 02093-2406
(800) 451-9668



IMPORTANT NOTICE

- ❖ ***In General, and specifically for residents of Arkansas, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of 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.
- ❖ ***For residents of the 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.
- ❖ ***For residents of 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.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- ❖ ***For residents of Maine, Tennessee, Virginia and 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.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland :*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of 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.
- ❖ ***For residents of 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.