

Memorandum

Date: Thursday, June 30, 2022

To: Dr. Tony Baldwin, Superintendent  
Buncombe County Schools

From: Lisa Sharpe, Purchasing and Risk Control Manager *LSharpe*  
Buncombe County Schools

Subject: K & K Insurance Group/McGriff Insurance Services – Student Athletic Insurance 2022/2023

K & K Insurance Group through McGriff Insurance Services has submitted a proposal to renew the Buncombe County Schools Student Athletic Accident Insurance policy. The per athlete premium rate will be approximately \$4.98 per middle school student athlete and approximately \$12.56 per high school student athlete.

An overall premium increased by \$854.00 from the 2021/2022 plan year to the 2022/2023 plan year. The 2022/2023 plan premium is \$29,316.00 versus \$28,462.00 for the 2021/2022 plan year.

Mr. David Ball, District Athletic Specialist, supports remaining with K & K Insurance Group through McGriff Insurance Services for our student athletic insurance. This vendor has proven to provide a quality product and quality customer service to Buncombe County Schools.

Recommendation: Renew the mandatory athletic insurance policy with K& K Insurance Group through McGriff Insurance Services for the 2022/2023 school year.

Attachments: Memo from David Ball, District Athletic Director  
K & K Insurance Group through McGriff Insurance Services Renewal Letter  
K & K Insurance Group Supporting Documents

c: Mr. Joseph Hough, Assistant Superintendent  
Mr. David Ball, District Athletic Specialist  
Ms. Tina Thorpe, Chief Financial Officer

**Buncombe County  
Schools**

# Memo

**To:** Tina Thorpe and Lisa Sharpe  
**From:** David Ball  
**cc:** None  
**Date:** April 18, 2022  
**Re:** Renewal of Student Athletic Insurance for 2022-23

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It is my recommendation that Buncombe County Schools renews the Student Athletic Insurance for the 2022-23 school year with K & K Insurance Group/McGriff. See attached documents for cost analysis and individual school cost breakdown.

Total 2022/2023 Student Athletic Insurance Premium

Total Middle School and High School Student Athletic Insurance Premium      \$29,316.00

Grade Level	# of Athletes	% of Student Athletes	Total Cost	Cost Per Athlete
Middle School	1090	18.50%	\$ 5,423.46	\$ 4.98
High Schools	1903	81.50%	\$ 23,892.54	\$ 12.56

Middle Schools	# of Athletes	% of Student Athletes	Total Cost	Cost Per Athlete
Cane Creek Middle	174	15.96%	\$ 865.58	\$ 4.97
Enka Middle	155	14.22%	\$ 771.22	\$ 4.98
Erwin Middle	142	13.03%	\$ 706.67	\$ 4.98
North Buncombe Middle	146	13.39%	\$ 726.20	\$ 4.97
Owen Middle	135	12.39%	\$ 671.97	\$ 4.98
Reynolds Middle	130	11.93%	\$ 647.02	\$ 4.98
Valley Springs Middle	208	19.08%	\$ 1,034.80	\$ 4.98
Middle Schools Total:	1090	100.00%	\$ 5,423.46	

High Schools	# of Athletes	% of Student Athletes	Total Cost	Cost Per Athlete
Enka High	346	18.18%	\$ 4,343.66	\$ 12.55
Erwin High	259	13.61%	\$ 3,251.78	\$ 12.56
North Buncombe High	306	16.08%	\$ 3,841.92	\$ 12.56
Owen High	254	13.35%	\$ 3,189.65	\$ 12.56
Reynolds High	314	16.50%	\$ 3,942.27	\$ 12.56
Roberson High	424	22.28%	\$ 5,323.26	\$ 12.55
High Schools Total:	1903	100.00%	\$ 23,892.54	

# 2022-23 Student Athletic Insurance

School Name	Check Total	Student Total
Owen Middle	\$671.97	135
Owen High	\$3,189.65	254
North Buncombe Middle	\$726.20	146
North Buncombe High	\$3,841.92	306
Erwin Middle	\$706.67	142
Erwin High	\$3,251.78	259
Enka Middle	\$771.22	155
Enka High	\$4,343.66	346
Cane Creek Middle	\$865.58	174
A. C. Reynolds Middle	\$647.02	130
A. C. Reynolds High	\$3,942.27	314
Valley Springs Middle	\$1,034.80	208
T.C. Roberson	\$5,323.26	424
<b>TOTAL</b>	<b>\$29,316.00</b>	
<i>Budget Code</i>		

Middle School Athletes

1090

High School Athletes

1903



Dear Friends,

Enclosed are your Renewal Plans for the 2022-2023 Student Accident and Athletic Insurance Programs. Our plans are now backed by Axis Insurance and serviced by K&K Insurance Group. These are outstanding companies in the student insurance market.

McGriff through its Educational Practice Unit has been a long time player in the student insurance business. Coupled with the 28 years which American Advantage has been exclusively serving the students of North Carolina and surrounding states shows our expertise and dedication to the industry. When injuries occur, we are committed to high quality and compassionate service to your staff, students, student athletes and parents.

McGriff is endorsed by the North Carolina High School Athletic Association (NCHSAA) and the North Carolina Athletic Directors Association (NCADA). We represent the majority of the NC public school districts plus many private and charter schools.

Renewal rates will remain similar to last year and benefits the same, which we hope will make your renewal decision an easy one. Your Renewal form is partially completed based on your current elections. However, you may change any plan or coverage level that you would like through the use of the attached Enrollment form. If you would like to discuss your plan options, please contact Jessica Mishoe, Gail Gray or Dan Nunnery and we will be happy to assist.

Thank you for letting us take care of your students this year. Remember that there is a difference in student insurance...in service, in quality, in compassion and therefore in value. We think you will agree with many other NC school districts that we offer the best program for your schools.

Please contact 1-800-476-4339 or via email: [StudentRisk@McGriff.com](mailto:StudentRisk@McGriff.com) if you need additional information. We look forward to working with you this year!

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan Nunnery', is written over a light blue horizontal line.

Dan Nunnery  
Senior VP, Educational Risk  
Enclosure



## **NORTH CAROLINA – MANDATORY LOW OPTION**

### **ACCIDENT MEDICAL BENEFIT**

#### **Scope of Coverage Applicable to Accident Medical Benefits**

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Total Maximum for all Accident Medical Benefits	\$25,000
First Covered Expenses must be incurred within	60 days after the Covered Accident
Benefit Period	52 weeks from the date of the Covered Accident
Deductible	\$0
Deductible applies to	each Covered Accident
Deductible must be satisfied within	52 weeks from the date of the Covered Accident

#### **LOW OPTION**

#### **Benefit Percentage and Other Limits**

##### **Covered Expenses**

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

##### **Expanded Medical Benefit For Covered Sports Conditions**

100% of Usual and Customary Charges

##### **Covered Sports Conditions**

bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries

##### **Heart and Circulatory Conditions**

100% of Usual and Customary Charges

##### **Covered Heart and Circulatory Conditions**

heat exhaustion; heart attack; cardiac arrest, stroke; burst aneurysm

##### **Inpatient Hospital Services**

###### **Room and Board Expenses**

###### **Semi-Private Room**

\$150 per day

###### **Miscellaneous Expenses**

\$500 per day

###### **Physician's Visits (limited to one visit per day)**

\$30 first day/\$25 each subsequent day

##### **Ambulatory Medical Center**

\$750 maximum

##### **Emergency Room Treatment** (treatment must be rendered within 72 hours from the time of the injury)

\$150 maximum

##### **Surgery**

\$750 maximum

\*Allowance is calculated: 100% of Usual and Customary Charges for the 1<sup>st</sup> procedure, 50% of Usual and Customary Charges for the 2<sup>nd</sup> procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

##### **Assistant Surgeon**

100% of Usual and Customary Charges

\*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration 100% of Usual and Customary Charges

\*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day)	\$30 first day/\$25 each subsequent day
<b>Outpatient X-ray</b>	\$200 maximum
<b>Outpatient Diagnostic Imaging Services</b>	\$200 maximum
<b>Outpatient Laboratory</b>	\$50 maximum
<b>Outpatient Physiotherapy</b> (limited to one visit per day) (includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	\$30 first day/\$20 each subsequent day, 5 day maximum
<b>Ambulance Services (Air and Ground)</b>	\$200 maximum
<b>Medical Equipment Rental</b> (Includes Orthopedic devices)	\$75 maximum
<b>Dental Services</b>	\$100 per tooth
<b>Prescription Drugs</b>	\$50 maximum
<b>Consultant</b>	\$200 maximum
<b>Replacement of Eye Glasses, Contact Lenses or Hearing Aids</b>	100% of Usual and Customary Charges

# North Carolina Mandatory Exclusions

## COMMON EXCLUSIONS

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In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy. The definition of war and acts of war do not include acts of terrorism;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;
10. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
14. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
15. benefits will not be paid for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Insured Person's household;
  - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
  - d. the Insured Person.



## EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
3. examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
4. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
5. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
6. repair or replacement of existing artificial limbs, eyes and larynx.

In no event will the Company's total payments for the Insured Person or exceed the Total Maximum for all Accident Medical Benefits shown in the *Schedule of Benefits*.



1712 Magnavox Way P.O. Box 2338  
Fort Wayne, Indiana 46801  
ph (855) 742-3135  
[www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)  
CA License #0334819

## WEB ENROLLMENT FLYER REQUEST FORM



Name of District: \_\_\_\_\_

**IMPORTANT FOR SUPPLIES: An initial supply of web enrollment flyers  
will be shipped to the district office or one central location.**

### Supplies

☐ Web Only Enrollment

### Shipping

Ship flyers to:

☐ District Office

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

*Must be street address, not a PO box number.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Date flyers needed: \_\_\_\_\_

Do you want your flyers separated by campus?

☐ No Please indicate quantity of flyers needed: \_\_\_\_\_

☐ Yes Please indicate quantity of flyers below.

**Campus Locations** Please provide a list of campus locations so all locations will be listed on the website for online enrollment. You may attach a listing of all campuses or fill in below. If flyers are to be separated by campus, indicate number of flyers needed next to each campus location.

Campus Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of  
Flyers

Campus Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of  
Flyers

Campus Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of  
Flyers

Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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Campus Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Flyers

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# **K-12 Student Accident Insurance** **Enroll Online**

**www.studentinsurance-kk.com**



Worried about paying for your child's medical care if an accident should happen? K&K's student accident insurance can help.

## **K-12 Accident Plans available through your school:**

- *At-School Accident Only*
- *24-Hour Accident Only*
- *Extended Dental*
- *Football*

## **How to Enroll Online**

Enrolling online is easy and should take only a few minutes. Go to **www.studentinsurance-kk.com** and click the **"Enroll Now"** button.

1. Start by telling us the name of the school district and state where your child attends school.
2. We'll request each student's name and grade level.
3. You'll see the available plans and their rates. Select your coverage and continue to the next step.
4. We'll request information about you, like your name and email address.
5. Next, you'll enter information about the child or children to be covered.
6. Enter your credit card or eCheck payment information.
7. Finally, print out a copy of the confirmation for your records.

For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to **www.studentinsurance-kk.com**. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

¿Le preocupa tener que pagar la atención médica de su hijo si ocurre un accidente? El seguro contra accidentes para estudiantes de K&K puede ayudarlo.

## **Planes de cobertura en caso de accidente para K-12 disponibles a través de su escuela:**

- *Sólo accidentes en la escuela*
- *Sólo accidentes, 24 horas*
- *Dental extendido*
- *Fútbol*

## **Cómo inscribirse en línea**

Inscribirse en línea es fácil y sólo le tomará unos pocos minutos. Visite **www.studentinsurance-kk.com** y haga clic en el botón **"Enroll Now"** ("Inscribirse ahora").

1. Comience por decirnos el nombre del distrito escolar y el estado en el que su hijo(a) va a la escuela.
2. Solicitaremos el nombre y el grado de cada uno de los estudiantes.
3. Verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe con el siguiente paso.
4. Le solicitaremos información sobre usted, como su nombre y dirección de correo electrónico.
5. Después, ingresará la información acerca del niño o niños que recibirá(n) cobertura.
6. Ingrese la información de pago de su tarjeta de crédito o eCheck.
7. Finalmente, imprima una copia de la confirmación para sus registros.

Para obtener más detalles sobre la cobertura, incluidos costos, beneficios, exclusiones y reducciones o limitaciones y los términos en virtud de los cuales esta póliza podría continuar en vigencia, consulte **www.studentinsurance-kk.com**. Los estudiantes pueden comprar la cobertura únicamente si su distrito escolar es titular de una póliza con la compañía de seguros.



## 2022-2023 Student Accident Coverage (NC)

Serviced by: **McGriff Insurance Services** Phone: 800-476-4339 Attn: Student Risk Department Fax: 888-751-3014



**Remember to visit our website for faster enrollment: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)**  
**Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

**ACCIDENT ONLY COVERAGE:** The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

### **SCHEDULE OF BENEFITS:** *Maximum Benefits Paid As Specified Below.*

<b>Compare and Choose</b>	<b>Low Option Accident Only</b>	<b>Middle Option Accident Only</b>	<b>High Option Accident Only</b>
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0	\$0
<b>Inpatient Hospital Services</b>			
Room & Board Expenses:	\$150 per day/Semi-private room rate	\$200 per day/Semi-private room rate	80% of U&C Charges/ Semi-private room rate
Miscellaneous Expenses:	\$500 per day	\$1,000 per day	80% of U&C Charges
Physician's Visits: <i>(Limited to one visit per day)</i>	\$30 first day/\$25 each subsequent day	\$50 first day/\$30 each subsequent day	80% of U&C Charges
<b>Ambulatory Medical Center</b>			
	\$750 maximum	\$1,000 maximum	80% of U&C Charges/ up to \$5,000 maximum
<b>Emergency Room Treatment:</b> <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>			
	\$150 maximum	\$250 maximum	80% of U&C Charges
Surgery <i>(*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)</i>	\$750 maximum	\$1,000 maximum	80% of U&C Charges/ up to \$5,000 maximum
Assistant Surgeon	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 30% of the surgical maximum for the surgery performed as indicated above.)</i>
Anesthesia and its Administration	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 30% of the surgical maximum for the surgery performed as indicated above.)</i>
<b>Outpatient</b>			
Outpatient Physician Visits: <i>(Limited to one visit per day)</i>	\$30 first day/\$25 each subsequent day	\$50 first day/\$30 each subsequent day	80% of U&C Charges/ \$50 per day maximum
Outpatient X-ray:	\$200 maximum	\$400 maximum	80% of U&C Charges
Outpatient Diagnostic Imaging Services:	\$200 maximum	\$400 maximum	80% of U&C Charges/ up to \$1,200 maximum
Outpatient Laboratory:	\$50 maximum	\$150 maximum	80% of U&C Charges/ up to \$600 maximum
Outpatient Physiotherapy: <i>(Limited to one visit per day. Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$40 first day/\$30 each subsequent day/ 5 days maximum	80% of U&C Charges/ \$50 per day/ 15 days maximum
<b>Ambulance Services:</b> <i>(Air and Ground)</i>	\$200 maximum	\$500 maximum	80% of U&C Charges
<b>Medical Equipment Rental:</b> <i>(Includes Orthopedic devices)</i>	\$75 maximum	\$100 maximum	80% of U&C Charges
<b>Dental Services:</b>	\$10,000 maximum per policy term if extended dental option is purchased. \$100 per tooth if extended dental option is not purchased.	\$10,000 maximum per policy term if extended dental option is purchased. \$300 per tooth if extended dental option is not purchased.	80% of U&C Charges/ up to \$10,000 maximum.
<b>Prescription Drugs:</b>	\$50 maximum	\$100 maximum	80% of U&C Charges
<b>Consultant:</b>	\$200 maximum	\$400 maximum	80% of U&C Charges
<b>Replacement of Eye Glasses, Contact Lenses or Hearing Aids:</b>	100% of Usual and Customary Charges	100% of Usual and Customary Charges	100% of U&C Charges

### **THIS IS A BLANKET ACCIDENT ONLY POLICY.**

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

## Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

### PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW (Except Summer Only Coverage)

**Coverage Effective Date:** A person's coverage takes effect at the later of the date his or her completed student accident enrollment form and premium is received by the company or the effective date of the policy issued to his or her school or school district.

**Coverage Termination Date:** Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

### SUMMER ONLY COVERAGE

**Coverage Effective Date:** A person's coverage takes effect at the later of the date his or her completed student accident enrollment form and premium is received by the company or first day after school year ends.

**Coverage Termination Date:** The first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

#### 24-Hour Accident

Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.

#### 24-Hour Accident (Summer Only Coverage)

Summer begins on the first day after the school year ends.  
Summer ends the first day of the next school year.

#### At-School Accident

During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.

#### Extended Dental (Accident Only)

Supplemental coverage extended to students with At-School, 24-Hour or Football Coverage who purchased the Low or Middle Options - Limited to Covered Person's policy effective dates and accident only coverage option selected. Replaces the Low and Middle Options' standard dental coverage with coverage of 80% of Reasonable Charges to a maximum limit of \$10,000 per policy term.

#### High School Football (Full Year)

Play or practice of regularly scheduled football. Any 9th grade student that plays with the upper grades is required to purchase this coverage.

#### Football High School (Spring Only Rates)

For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.

With Extended Dental		Without Extended Dental	
Low Option	\$68.00	Low Option	\$59.00
Middle Option	\$140.00	Middle Option	\$131.00
High Option	\$358.00	High Option	\$358.00
Low Option	\$23.00	Low Option	\$14.00
Middle Option	\$35.00	Middle Option	\$26.00
High Option	\$69.00	High Option	\$69.00
Low Option	\$18.00	Low Option	\$9.00
Middle Option	\$32.00	Middle Option	\$23.00
High Option	\$61.00	High Option	\$61.00
Low Option	\$119.00	Low Option	\$110.00
Middle Option	\$190.00	Middle Option	\$181.00
High Option	\$420.00	High Option	\$420.00
Low Option	\$56.00	Low Option	\$47.00
Middle Option	\$82.00	Middle Option	\$73.00
High Option	\$146.00	High Option	\$146.00

## About Your Coverage

1. ELIGIBLE PERSONS: students of the policyholder who enroll and make the required premium contribution for the coverage selected are Eligible Persons under the Policy. Depending on the coverage selected, coverage may continue after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy is on file with the school district and is a non-renewable policy. The student coverage selected is non-renewable and requires the student to re-enroll each school year.
3. This is a limited benefit policy.
4. COVERAGE EFFECTIVE DATE: Insurance becomes effective for a student who enrolls and makes the required premium contribution on the latest of the following dates:
  - a. the Policy Effective Date;
  - b. the date the Company receives student's completed enrollment form and the required premium payment.
 In no event will insurance for the Eligible Person become effective before the Policy Effective Date.
5. COVERAGE TERMINATION DATE: Coverage ends on the earlier of the date: he or she is no longer an Eligible Person, the end of the 1 year coverage term or the date the School's policy ends. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim for a Covered Accident that occurs before the termination date.
6. LATE ENROLLMENT: Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. CANCELLATION: Your coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company.

## Enroll online at:

***www.StudentInsurance-kk.com***

### or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to AXIS Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:  
**K&K Insurance Group,  
P.O. Box 2338  
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

## Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

## Administered by:

K&K Insurance Group, P.O. Box 2338,  
Fort Wayne, IN 46801-2338

## Serviced by:

McGriff Insurance Services  
Phone: 800-476-4339

Attn: Student Risk Department  
Fax: 888-751-3014  
Email: [StudentRisk@McGriff.com](mailto:StudentRisk@McGriff.com)

### STUDENT INSURANCE CARD

Student's Name \_\_\_\_\_

*If premium has been paid, the student whose name appears above has been insured under a Policy issued to:*

School District: \_\_\_\_\_

Accident Only Coverage: ☐ 24-HOUR ☐ 24-HOUR (Summer Only Coverage)

☐ AT-SCHOOL ☐ FOOTBALL ☐ FOOTBALL (Spring Only) ☐ EXTENDED DENTAL

Paid by Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Policy # \_\_\_\_\_

Underwritten by: AXIS Insurance Company  
Claims Questions: K&K Insurance Group, Inc.  
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917



COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;

2. commission or attempt to commit a felony or an assault;

3. commission of or active participation in a riot or insurrection;

4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy. The definition of war and acts of war do not include acts of terrorism;

5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;

6. travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;

7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;

8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;

9. services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or
- supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;

10. operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;

11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;

12. an Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;

14. participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;

15. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or

16. benefits will not be paid for services or treatment rendered by any person who is:

a. employed or retained by the Policyholder;

b. living in the Insured Person's household;

c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or

d. the Insured Person.

EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

1. cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;

2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;

3. examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic
- braces, or orthotic devices;

4. treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;

5. services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;

6. repair or replacement of existing artificial limbs, eyes and larynx;
7. treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.
- In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section.

ACCIDENT ONLY DEFINITIONS:

**Covered Injury** means Accidental bodily injury:

1. which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force;
2. which results directly and independently from all other causes from a Covered Accident; and
3. which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Accident or Accidental:** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Covered Expenses:** means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

**Medically Necessary:** means medical services that:

1. are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. are ordered by a Physician and performed under His care, supervision or order.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage. This Aggregate Limit is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit.

COVERED LOSS

- Loss of Life
- Loss of Two or More Hands or Feet
- Loss of Sight of Both Eyes
- Loss of Speech and Hearing (in Both Ears)
- Loss of One Hand or Foot and Sight in One Eye
- Loss of One Hand or Foot
- Loss of Sight in One Eye
- Loss of Speech
- Loss of Hearing (in Both Ears)
- Loss of Hearing in One Ear
- Loss of Thumb and Index Finger of the same Hand
- Exposure and Disappearance

BENEFIT AMOUNT

- \$10,000
- \$10,000
- \$10,000
- \$10,000
- \$10,000
- \$5,000
- \$5,000
- \$5,000
- \$5,000
- \$2,500
- \$2,500
- Included

# Enroll online for quicker service at [www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com)

or complete and mail this form

## Student Accident Enrollment Form (School Year 2022-2023)

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School District (required): \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Level: ☐ Pre-K/Headstart ☐ Kindergarten/Elementary ☐ Middle School ☐ High School/Above

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Student Insurance Plan Options — Check Your Selection:

#### Accident Only Coverage Plans

24-HOUR with Extended Dental

☐ \$68.00

☐ \$140.00

☐ \$358.00

24-HOUR without Extended Dental

☐ \$59.00

☐ \$131.00

☐ \$358.00

Summer Only 24-HOUR with Extended Dental

☐ \$23.00

☐ \$35.00

☐ \$69.00

Summer Only 24-HOUR without Extended Dental

☐ \$14.00

☐ \$26.00

☐ \$69.00

AT-SCHOOL with Extended Dental

☐ \$18.00

☐ \$32.00

☐ \$61.00

AT-SCHOOL without Extended Dental

☐ \$9.00

☐ \$23.00

☐ \$61.00

HIGH SCHOOL FOOTBALL Coverage

with Extended Dental

☐ \$119.00

☐ \$190.00

☐ \$420.00

without Extended Dental

☐ \$110.00

☐ \$181.00

☐ \$420.00

\*For New Players

\*Football Spring with Extended Dental

☐ \$56.00

☐ \$82.00

☐ \$146.00

\*Football Spring without Extended Dental

☐ \$47.00

☐ \$73.00

☐ \$146.00

Enclose check for total payment payable to: **AXIS INSURANCE COMPANY**. Checks, money orders, or credit cards accepted.

**DO NOT SEND CASH**

TOTAL ENCLOSED: \$ \_\_\_\_\_

**See IMPORTANT NOTICE - FRAUD WARNING on next page**

Mail this completed form with payment back to: **K&K Insurance Group, P.O. Box 2338, Fort Wayne, IN 46801-2338**

#### Complete this section only if you wish to pay with a Credit Card

Full name as it appears on card

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Billing Address (if different than above)

Street # \_\_\_\_\_ Address \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number:                 Expiration Date: Month:   Year:

Cardholder signature: \_\_\_\_\_

Company does not issue refunds nor accept responsibility for cash payments. (Rejection of check or credit card by bank for any reason, will invalidate insurance.)



# **IMPORTANT NOTICE - FRAUD WARNING**

- **For residents of North Carolina:** 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.
- **In General, and specifically for residents of Arkansas, Illinois, 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 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.
- **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.



Underwritten by:  
**AXIS Insurance Company**  
Served by:  
**K&K Insurance Group, Inc.**

## MANDATORY & VOLUNTARY BLANKET MASTER INSURANCE APPLICATION

Coverage not available in the following states: AR, MD, NH, NY, WA

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

Policyholder: Name of School/District Buncombe County Schools

Requested Effective Date: 7/1/2022 Requested Termination Date (one year from the Requested Effective Date): 6/30/2023

Street Address: 175 Bingham Rd

City: Asheville

State: NC

Zip: 28806

Mailing Address (if different): \_\_\_\_\_

Contact Name: Tina Thorpe

Title: CFO

Phone: 828.255.5943

Fax: 828.255.1730

Email: tina.thorpe@bcsemail.org

### Mandatory Accident Coverage (Coverage selected by school/district)

Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities				
At-School Excluding Athletics				
Athletics	Low	6-12		\$29,316.00
Athletics				
Field Trip				
School Band				
JROTC				
JTPA/CTE/Workforce Investment Act Training				
Other (Please Specify)				
Other (Please Specify)				

Are sideline volunteers, volunteer coaches or other adult volunteers included in the athletic count? ☐ Yes ☒ No

**Total Mandatory Premium Due:** \$29,361.00

### Voluntary Accident Coverage

Estimated annual school enrollment (total number of students): \_\_\_\_\_

Grades (mark one): ☒ PK-12 ☐ Elementary School ☐ Middle School ☐ High School

Effective Date: 7/1/2022

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 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.**

#### POLICYHOLDER SIGNATURE

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Printed or typed name of Applicant's Authorized Representative

\_\_\_\_\_  
Date

#### LICENSED BROKER/AGENT SIGNATURE

\_\_\_\_\_  
McGriff Insurance Services/Dan Nunnery

\_\_\_\_\_  
Licensed Broker/Agent

\_\_\_\_\_  
5626229

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

# **IMPORTANT NOTICE - FRAUD WARNING**

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- **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.
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- **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.
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