

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 05/31/17



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**Recognition:**   ☐ Students                      ☐ Staff                      ☐ Parents  
**Information:**   ☐ Building Report                      ☐ Old Business                      ☐ Superintendent's Report  
**Action:**   ☐ Resignation                      ☐ Hiring                      ☐ Contract Service Agreements  
                    ☐ Travel Out-of-State                      ☐ Travel In State                      ☒ Approvals  
                    ☐ Termination                      ☐ Legal Matters                      ☐ Other:  
This action request pertains to ☐ Elementary (only)                      ☒ High School/District Wide

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**Date:**    05/25/17

**To:**        **John P. Rouse**  
              Browning Public Schools

**From:**    Stacy Edwards  
**Title:**     Director of Finance

**Subject:** **Approve 2017-2018 Student Accident Insurance Vendor Agreement**

**Description:** The administration recommends approval of a contract with Special Markets Insurance to provide student accident insurance coverage for the 2017-2018 school year.

**Financial Impact:** \$ 11,718.55

**Funding Source (Budget/grant, etc.):** Impact Aid

**Attachment(s):** Agreement

**Approval:** Superintendent's Office/Finance/Personnel as applicable (Initial) \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**    ☐ N/A (Info)    ☐ Approved    ☐ Denied    ☐ Tabled to: \_\_\_\_\_



Special Markets Insurance Consultants, Inc.  
1265 Main Street  
Suite 202  
Stevens Point, WI 54481

T 800.727.7642  
F 715.344.6126

March 27, 2017

Sarah Bunton  
PayneWest Insurance, Inc 0782

RE: Student Accident Insurance – Renewal  
Browning Public School District #9

26-3673-17

It has been a pleasure to service the above referenced account for the policy year of 2016-2017. Your policy with us is due to expire on **June 30, 2017**. Attached you will find a **Gerber Life Insurance** renewal application for the policy. In order to renew the policy for another term, we will need the application filled out completely and signed. Please send the completed application and the gross premium due to SMIC prior to the expiration date.

**All Students, School Time Activities, All Interscholastic Sports, Including Interscholastic Tackle Football**

Full Excess Coverage

Plan 4 (108) Economy

\$25,000 Maximum / \$0 Deductible

\$1.65 per student Grades PreK-K

\$3.35 per student Grades 1-8

\$14.00 per student Grades 9-12

\$500.00 Minimum Premium (fully earned)

**Included Additional Coverages**

One-Day Field Trips (\$25,000 Maximum)

Religious Education (\$25,000 Maximum)

Counseling Benefit (\$5,000 Maximum)

Overnight Field Trips (\$25,000 Maximum)

**BINDING INSTRUCTIONS – Please read carefully.**

In order to write the coverage for the 2017-18 policy, we will need the premium calculation/application filled out completely and signed.

- The top portion needs to be completed with the insured's information. Contact name and email addresses are important.
- Enter the enrollment as shown in the grade level breakdowns and calculate the premium due.
- **The Insured and the Licensed Agent must both have signed the application in order to bind. Signatures must be either "wet" or digital. We cannot accept fonts that look like a signature.**
- Please send the completed premium calculation/application and the gross premium due to SMIC prior to the new policy effective date. Completed and signed (insured and agent) premium calculations/applications may be emailed to bind coverage to [dawn.voss@amwins.com](mailto:dawn.voss@amwins.com) or faxed to (715) 344-6126.
- If mailing, the original premium calculation/application and gross premium should be mailed to: **Special Markets Insurance Consultants, Inc., 1265 Main Street, Suite 202, Stevens Point, WI 54481**. Checks are to be made payable to **Special Markets Insurance**.

If we do not receive a bind request prior to the expiration date, coverage will terminate and this letter serves as Notice.

Please contact Special Markets at (800) 727-7642 ext 6103 if you should have any questions.

Thank you for placing your clients' insurance coverage with Special Markets.

Sincerely,

**SPECIAL MARKETS INSURANCE CONSULTANTS, INC.**

In California:

SMIC Insurance Agency, Inc. | License #0787966

An Amwins Group Company

## **ACCIDENT MEDICAL SCHEDULE OF BENEFITS**

### **Mandatory Plan 4 Economy (BSC 108)**

#### **Hospital and Professional Services Benefits**

The Injury must be treated within 60 days after the Accident occurs.

Services must be received within 1 year from the date of the Accident. Expenses incurred after 1 year from the date of the Accident are not covered even though the service is a continuing one or one that is necessarily delayed beyond 1 year from the date of the Accident.

#### **HOSPITAL AND PROFESSIONAL SERVICES BENEFITS**

**Maximums and Benefit Period (All maximums are subject to the COVERAGE and LIMITATIONS as stated below.)**

Maximum Medical Expense for each Injury: \$25,000

Maximum Medical Expense for football injuries: \$25,000

Maximum Medical Expense for each Injury involving motor vehicles: \$10,000

Accidental Death, Dismemberment, or Loss of Sight Benefit: \$20,000

    Single Dismemberment: \$10,000

    Double Dismemberment: \$20,000

Benefit Period: 1 Year

#### **Deductible**

The Deductible is the greater of:

1. \$0.00; or
2. The amount paid or payable for the same Injury by any Other Plan.

#### **EXCESS COVERAGE PROVISION APPLICABILITY**

The Excess Coverage provision does apply.

#### **COVERAGE AND LIMITATIONS (All limitations are stated per Injury.)**

The Insured's health care provider may charge more than the limits established by this Policy's definition of Reasonable Expenses and the additional charges may not be covered by this Policy.

#### ***Hospital/Facility Services***

##### **Inpatient**

1. HOSPITAL ROOM AND BOARD: 100% of Reasonable Expenses up to the semi-private room rate
2. HOSPITAL INTENSIVE CARE: 100% of Reasonable Expenses
3. INPATIENT HOSPITAL MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$600 per day

##### **Outpatient**

1. OUTPATIENT HOSPITAL MISCELLANEOUS (Except Physician's services and x-rays paid as below): 100% of Reasonable Expenses to a maximum of \$1,000
2. HOSPITAL EMERGENCY ROOM: 100% of Reasonable Expenses to a maximum of \$100
3. DAY SURGERY MISCELLANEOUS: 100% of Reasonable Expenses to a maximum of \$1,500

**Names of schools and grades to be covered.**

[illegible]