

STUDENT ACCIDENT INSURANCE

2017-18 SCHOOL YEAR

STUDENT ACCIDENT COVERAGE ON A MANDATORY BLANKET BASIS
ALL STUDENTS MUST BE COVERED

Administered by:
Arthur J. Gallagher & Co.
500 Victory Rd.
Quincy, MA 02171

Underwritten by:
Berkley Life & Health Ins. Co.

100% Coverage
10% Commission

Annual premium cost for all registered 2017-18 students	\$4,500.00
Maximum Benefit Amount (per injury)	\$25,000.00
Deductible Amount (per injury)	\$0.00

RECOMMENDATION: Approve Berkley Life & Health Ins. Co. for school time student accident coverage on a mandatory blanket basis covering all students for the 2017-18 school year at an annual cost of \$4,500.00

Wood Dale School District 7

Premium Quotation

Carrier Name: Berkley Life & Health Insurance Company
2017-2018 Rates

Base Student Accident Insurance

	2017 - 2018 Annual Premium Cost
\$25,000 Maximum per Injury \$0 Deductible per Injury	\$4,500

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. No coverage is extended via this proposal and no representations are made other than what is stated in the policy. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.

Insurance Program Acceptance Form

After careful consideration of your attached proposal, we accept the insurance coverage. Please acknowledge and verify the information contained in this document and accept the terms outlined herein by signing at the bottom of this document. Kindly sign this acceptance form and return via fax or mail to my office by July 1, 2017. It has been a pleasure working with you and we look forward to implementing and managing a successful program for the 2017-2018 policy year.

Student Accident Insurance – Berkley Life & Health Insurance Co. - \$4,500

Account Services:

Gallagher Student Health & Special Risk will provide our full complement of account management services, including but not limited to:

- Manage the renewal process with the incumbent carrier and obtain additional renewal proposals, if appropriate, to guarantee competitive pricing and coverage terms.
- Communicate with parents and providers to educate them on claims policies and procedures.
- Assist students and providers with understanding all aspects of the Program including benefits, limitations and exclusions.
- Answer provider inquiries student eligibility verification and benefit availability
- Distribution of periodic claim summary reports.
- Ensuring that the Program complies with all federal and state laws.
- Manage entire claims process from start to finish, including communication with claims company, parents, student athletes and providers.

It is understood that this proposal provides only a summary of details; the policies will contain the actual coverages.

Master Policy:

I would like to receive the Master Policy evidencing coverage electronically.

Payment Terms:

Gallagher Student Health & Special Risk is required to submit premium on a timely basis. To that end we request payment within fifteen days of receipt of invoice.

Limitation of Liability:

We agree that your liability to us arising from your negligent acts or omissions, whether related to the insurance or surety placed pursuant to these binding instructions or not, shall not exceed \$20 million, in the aggregate. Further, without limiting the foregoing, we agree that in the event you breach your obligations, you shall only be liable for actual damages we incur and that you shall not be liable for any indirect, consequential or punitive damages.

Client Signature

Dated

Arthur J. Gallagher & Co.