



AIG Personal Accident

Catastrophe K-12 Renewal Quote Letter - Blanket Special Risk Insurance

Insuring Company:

National Union Fire Insurance Company of Pittsburgh, Pa.
175 Water Street, 15th Floor, New York, NY 10038

February 19, 2017

Pana CSD #8
14 E. Main Street
Pana, IL 62557

Based on the information provided, National Union Fire Insurance Company of Pittsburgh, Pa. is pleased to offer a Blanket Special Risk Quote for **Pana CSD #8**.

Policy Number: SRG 0009142818

*****Policy/ Policy Number: Please note, upon binding this renewal, the policy will be rewritten, and a new policy number may be assigned.*****

Policy Effective Date Policy Expiration Date
August 1, 2017 to August 1, 2018

Risk Address: 14 E. Main Street, Pana, IL 62557

Insureds: Description of Class
All registered students of the Policyholder.
(Grades: 7-12)

Description of Activity: While participating as a member of a team during a supervised, scheduled and approved official season practice or game of the Policyholder, including band members, cheerleaders, majorettes, participants of intramural sports, gym classes, coaches, managers, trainers and non-sport extracurricular activities, including interscholastic football. This includes adult-supervised, direct and uninterrupted travel with other members of the team to and from such activities in a vehicle designated by the Policyholder.

Option I Benefits:	Limits:
Accidental Death:	\$10,000
Incurral Period:	365 Days
Heart and/or Circulatory:	Included
Accidental Dismemberment:	\$20,000
Incurral Period:	365 Days
Accident Medical Expense (Excess):	\$6,000,000
Deductible (Corridor):	\$25,000
Benefit Period:	520 Weeks
Incurral Period	180 days
Seat Belt and Air Bag	\$5,000

Option II Benefits:	Limits:
Accidental Death:	\$10,000
Incurral Period:	365 Days
Heart and/or Circulatory:	Included
Accidental Dismemberment:	\$20,000
Incurral Period:	365 Days
Accident Medical Expense (Excess):	\$6,000,000
Deductible (Corridor):	\$25,000
Benefit Period:	520 Weeks
Incurral Period	180 days
Catastrophe Cash Benefit:	\$500,000
Initial Lump Sum:	\$100,000
Monthly Maximum Amount :	\$3,333.33
Maximum Number of Months:	120
Incurral Period:	180 Days
Waiting Period:	6 Consecutive Months
Seat Belt and Air Bag	\$5,000
Brain Death Catastrophe Cash Benefit	\$100,000

Option I Policy Forms	
Blanket Accident Insurance Policy	C11695DBG-IL
Master Application	C11696DBG (Rev. 01/15)-IL
Accident Medical Expense Benefit Rider	S30549DBG-IL
Excess Benefits with Corridor Deductible	C11703DBG-IL (Rev. 10/08)
Subrogation and Right of Recovery Endorsement	C11716DBG
Injury Definition and Exclusions Amendatory Endorsement	S30399DBG-IL
Seat Belt and Air Bag Benefit Rider	C11715DBG
Payment of Claims Amendatory Endorsement	S30433DBG
Heart and/or Circulatory Benefit Rider	S30559DBG
Civil Unions/State Registered Domestic Partnership Endorsement	U40016 (Rev. 8/13)-IL
Economic Sanctions Endorsement	89644 6-13-1

Option II Policy Forms	
Blanket Accident Insurance Policy	C11695DBG-IL
Master Application	C11696DBG (Rev. 01/15)-IL
Accident Medical Expense Benefit Rider	S30549DBG-IL
Excess Benefits with Corridor Deductible	C11703DBG-IL (Rev. 10/08)
Subrogation and Right of Recovery Endorsement	C11716DBG
Injury Definition and Exclusions Amendatory Endorsement	S30399DBG-IL
Seat Belt and Air Bag Benefit Rider	C11715DBG
Catastrophe Cash Benefit Rider	S30554DBG
Brain Death Catastrophe Cash Benefit Rider	S30432DBG
Payment of Claims Amendatory Endorsement	S30433DBG
Heart and/or Circulatory Benefit Rider	S30559DBG
Civil Unions/State Registered Domestic Partnership Endorsement	U40016 (Rev. 8/13)-IL
Economic Sanctions Endorsement	89644 6-13-1

Policy Exclusions:

- 1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
- 2) sickness, or disease, mental incapacity or bodily infirmity.
- 3) the Insured's commission of or attempt to commit a crime.
- 4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- 5) declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.
- 6) Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
- 7) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
- 8) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
- 9) the Insured being under the influence of intoxicants.
- 10) the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.
- 11) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity.
- 12) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- 13) any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.
- 14) the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
- 15) any loss incurred while outside the United States, its Territories or Canada.

Accident Medical Expense Benefit Exclusions:

- 1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
- 2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement or loss as a result of Injury up to the Maximum shown in the Benefit Schedule
- 3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
- 4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
- 5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
- 6) any charge for medical care for which the Insured is not legally obligated to pay;
- 7) care, treatment or services provided by an Insured or by an Immediate Family Member;
- 8) routine physical exam and related medical services;
- 9) personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital;
- 10) elective treatment or surgery;

- 11) Experimental or Investigative treatment or procedures;
- 12) treatment for temporomandibular dysfunction;
- 13) care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
- 14) Mental Illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
- 15) educational or vocational testing or training;
- 16) treatment of Osgood-Schlatter's disease;
- 17) detached retina unless due to an Injury;
- 18) plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body;
- 19) charges that are payable under motor vehicle medical benefits;
- 20) all types of hernias;
- 21) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Premium: Option I (without Catastrophic Cash): \$1,390.00 (Please circle your choice.)
 Option II (with Catastrophic Cash):\$2,193.00

Producer of Record: Joseph Block
Producer Company Name: First Agency Inc.
Street Address: 5071 W H Ave, Kalamazoo, MI 49009-8501
{Only appropriately licensed Producers can sell, solicit and negotiate insurance products with prospective customers.}

Thank you for allowing the National Union Fire Insurance Company to quote this risk. If you would like to discuss the quote or have any questions, please feel free to call me at (269) 381-6630.

This letter provides a summary of the policy features only. The policy will contain the actual terms, conditions, limitations and exclusions of the coverage to be provided. If there is any conflict between this letter and the policy, the policy will govern in all cases. Acceptance of this quote is contingent upon and subject to the actual terms of the policy as issued.

Please note that this quote is valid for 90 days (the valid period of 90 days does not extend beyond the expiration date of the current policy period).

If you wish to bind coverage, please sign and email to JBlock@1stAgency.com.

 Signature

 Date