



800-510-2097
www.mmc-ins.com

**Student Accident Coverage Proposal
For
East Chambers Independent School District**

Agent: Achieve Financial Group, LLC

Applicant: East Chambers Independent School District

Line of Coverage(s): Mandatory, Voluntary, and Catastrophic Student Accident Insurance
Proposed Policy Period: August 1, 2026 12:01 A.M. Through August 1, 2027, 12:01 A.M.
Quote Valid Through: August 1, 2026

Issuing Company: Federal Insurance Company a Chubb Company (*an Admitted Carrier*)
AM Best Rating: A++, XV- Admitted (Current Carrier ratings may be found at www.AMBest.com)

Mandatory Commission Rate: 4%
Voluntary Commission Rate: 10%
Catastrophic Commission Rate: 10%

We are pleased to enclose the Accident Insurance Quote, effective as of the date indicated above.

Please take a moment and review the proposal for accuracy. Make sure the following is correct and items listed are attached:

- Quotes attached for all plans requested Please note that coverage may vary from what was requested.
- Name of the insured
- Policy Period
- Note: Policies are Agency Billed

This proposal is a summary of coverage. Please refer to the policy for a complete description of all terms, conditions & exclusions of coverage. In the event of differences in benefits or limits, the policy will prevail. Higher limits may be available.

Please note that as a retail agent you do not have binding authority or authority to issue certificates of insurance. A written request is required prior to the expiration date of this quote in order to bind coverage. If request to bind coverage is not received prior to the effective date, the file will be closed.

Policies and/or renewal amendment(s) will be distributed to your attention within 30 days of receipt of application and payment, or policy effective date, whichever is later.

Please let me know if you have any questions or if you are in need of any additional information.

Thank you,
Players Health



Student Accident Coverage Proposal For East Chambers Independent School District

- Student Coverage Including Interscholastic**

Coverage:	All School
Plan Options:	Premier Plus
Maximum Benefit:	\$25,000 per Injury
Benefit Period:	1 Year
Payment Basis:	Full Excess
Deductible:	\$0.00

Mandatory Plan Annual Premium: **\$ 45,000.00**

- Catastrophic Student Coverages**

Coverage:	All School
Maximum Benefit:	\$7,500,000
Benefit Period:	10 Years
Payment Basis:	Full Excess
Deductible:	\$25,000
Catastrophic Cash Benefit:	\$0

Catastrophic Plan Annual Premium: **\$ 2,827.00**

- Extended Student Coverage Options**

Coverage: Maximum	Voluntary Students
Benefit: Benefit	\$25,000
Period: Payment	1 Year
Basis: Deductible:	Primary
Plan Options:	\$0

Coverage	Plan A	Plan B
School Coverage & Sports Coverage (excluding Interscholastic Football)	\$71.00	\$64.00
24 Hours Coverage (excluding Interscholastic Football)	\$ 243.00	\$221.00
Sports Coverage Grade 9	\$305.00	\$230.00
Interscholastic Football Only Grades 10-12	\$598.00	\$460.00

The Extended Voluntary Plan is purchased on an individual basis by the Students.

Effective Date: Quote valid through August 1, 2026

Mandatory Carrier: Federal Insurance Company (a Chubb US Group of Insurance Company) (an Admitted Carrier)
Rating: A++, XV (Current rating may be found at AMBest.com)

Catastrophic Carrier: Federal Insurance Company (a Chubb US Group of Insurance Company) (an Admitted Carrier)
Rating: A++, XV (Current rating may be found at AMBest.com)



CATASTROPHIC BLANKET MASTER INSURANCE APPLICATION

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

Policyholder: East Chambers Independent School District

Requested Effective Date: August 1, 2026 at 12:01 A.M. Requested Termination Date: August 1, 2027 at 12:01 A.M.

Street Address: 1955 State Highway 124

City: Winnie State: TX Zip: 77665

Contact Person: Title:

Telephone: Fax: E-mail:

Estimated Total Enrollment: # Grades Included: # # of Jr High Schools: # # of Sr. Highs: #

Classes of Insured Persons: [X] Including Football [] Excluding Football

- [X] Class 1 Option AS: While participating in or attending any regularly scheduled and supervised activity of the School, including interscholastic sports and including interscholastic football; or while participating in or attending an authorized and sponsored activities (including after school session or weekends) of the Policyholder on premises designed by the Policyholder. This includes direct and uninterrupted travel to and from such activities in a vehicle designated by the Policyholder and to or from the student's residence to attend regular Policy holder sessions.
[] Class 1 Option AA: 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.

Plans: (\$10,000 Accidental Death and up to \$20,000 Accidental Dismemberment included with all options)

[X] Accident Medical Benefit

Total Maximum for all Accident Medical Benefits

- [] \$1,000,000 [] \$2,000,000 [] \$6,000,000 [X] \$7,500,000

[] Catastrophic Cash Benefit [] Option 1 [] Option 2 [] Other

Maximum Benefit Amount: \$500,000 \$1,000,000 \$
Maximum Benefit Period: 10 Years 20 Years Years

Premium: Accident Medical \$ Amount Catastrophic Cash \$ Amount Total Premium \$ 2,827.00

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 Players Health Corp. 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
Licensed Broker/Agent
Wayne Malzone / TX 1362360 - NPN 7218078
License Number
Date



MANDATORY & VOLUNTARY BLANKET MASTER INSURANCE APPLICATION

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

Policyholder: Name of School / School District: East Chambers Independent School District

Requested Effective Date: August 1, 2026 at 12:01 A.M. Requested Termination Date: August 1, 2027 at 12:01 A.M

Street Address: 1955 State Hwy 124

City: Winnie State: TX Zip: 77665

Mailing Address (if different)

Contact Person: Type text here Title:

Telephone: Fax: E-mail:

Mandatory Accident Coverage

Table with 2 columns: Coverage/Accident Medical Benefits/Notes and checkboxes for All School, Sports & Activities, Custom U & C, Premier Plus, Premier, Other.

Total Mandatory Premium Due: \$ 45,000.00

Voluntary Accident Coverage

Table with 2 columns: Coverage/Voluntary Premium/Notes and text for Offer Voluntary Coverage, Paid by parent or guardian upon plan selection and online enrollment.

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 Players Health Corporation 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 form with fields for Authorized Signature of Applicant, Printed or typed name of Applicant's Authorized Representative, and Date.

LICENSED BROKER/AGENT SIGNATURE form with fields for Licensed Broker/Agent (Wayne Malzone / TX 1362360 - NPN 7218078), License Number, and Date.

Return to: joann.martinez@playershealth.com