

Underwritten by ACE American Insurance Company; Philadelphia, PA 19106

Name			Address		
City	State	Zip	Phone	Email	

Summary: <i>The program consists of the following benefits</i>	OPTION I	OPTION II
Accident Medical Expense (100% of U&C) with 10 year benefit paid up to	\$1,000,000	\$5,000,000
Accident Medical Expense Deductible (waived for Presumptive Disability)	\$25,000	
Accidental Death and Dismemberment - principal sum	\$25,000	\$50,000
Catastrophic Accident Benefits - paid in addition up to	\$500,000	\$1,000,000
Traumatic Brain Deficit Benefit	\$250,000	
Cosmetic Disfigurement from Burns Benefit	\$150,000	
Special Adaptation Expense Benefit	\$150,000 (\$75,000 for housing, \$75,000 for vehicles)	
Seatbelt and Airbag	\$2,500	
Crisis Management Benefit	\$100/session up to ten sessions	

### Covered Activities Available:

#### Interscholastic Athletics/Activities

Covers students while participating in official games and practice sessions of interscholastic sports and supporting activities (band, cheerleaders, majorettes, student coaches, student trainers, and student managers) and while traveling directly and without interruption between school and the site of such activities, provided that such travel is arranged by and is at the direction of the school.

#### Student Activities

Covers students while on premises when school is in session and while participating in school sponsored and directly supervised activities (except interscholastic athletics), and while traveling directly and without interruption between school and such activities, provided that such travel is arranged by and is at the direction of the school, and while traveling directly without interruption between home and school to attend regularly scheduled classes.

#### Religious Education Activities

Covers registered participants in church/school sponsored and directly supervised Elementary Level Religious Education and Confirmation activities and while traveling directly without interruption between the school/church and the site of such activities.

#### Adult/Parent Volunteers

Covers adult/parent volunteers while participating as a school volunteer in any school sponsored activity, and while traveling, as a volunteer, directly and without interruption between school and the site of such activities, provided that such travel is arranged by and is at the direction of the school.

#### Summer Sports and Conditioning

Covers students while participating in school sponsored and directly supervised sports and conditioning activities conducted during the summer, and while traveling directly and without interruption between school and the site of such activities.

Premium Computation:	OPTION I	OPTION II
<b>Interscholastic Athletics</b> (All interscholastic athletes and non-competing participants)	_____ X \$3.48 = \$ _____ # Participants Total	_____ X \$5.15 = \$ _____ # Participants Total
<b>Student Activities</b> (All students enrolled in school/district)	_____ X \$0.99 = \$ _____ # Total Enrollment Total	_____ X \$1.69 = \$ _____ # Total Enrollment Total
<b>Religious Education Activities</b> (All students enrolled in Religious Education Program)	_____ X \$0.55 = \$ _____ # Total Enrollment Total	_____ X \$0.83 = \$ _____ # Total Enrollment Total
<b>Adult/Parent Volunteers</b> (All participants)	_____ X \$0.42 = \$ _____ # Participants Total	
<b>Summer Sports and Conditioning</b> (All participants)	_____ X \$0.10 = \$ _____ # Participants Total	
	Total Premium Due \$ _____	

Effective Date of Coverage: \_\_\_\_\_ Coverage will terminate: \_\_\_\_\_

We hereby request a Catastrophic Accident Insurance Policy. We understand that Insurance will be in force if this Coverage Request Form is accepted by the Company and the required premium is received by the Company when due.

**IMPORTANT NOTICE: 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.**

Name of person authorized to sign \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Coverage Request Form must be completed in its entirety and received by MYERS-STEVENS & TOOHEY CO., INC., (CA License #0425842) prior to the effective date.