

Name of School/District _____ Address _____
 City _____ St _____ Zip _____ Phone _____ Email _____

Summary: The program consists of the following benefits:

	OPTION I	OPTION II	OPTION III
Excess Accident Medical Expense (100% of U&C) with 10 year benefit paid up to	\$1,000,000	\$5,000,000	\$7,000,000
Accident Medical Expense Deductible (waived for Presumptive Disability - see brochure)	\$25,000	\$25,000	\$25,000
Accidental Death and Dismemberment - principal sum	\$25,000	\$50,000	\$50,000
Double Dismemberment	\$50,000	\$100,000	\$100,000
Catastrophic Losses payable in addition to accident medical benefits up to	\$500,000	\$1,000,000	\$1,500,000
Seatbelt and Airbag - 10% of principal sum up to	\$5,000	\$5,000	\$5,000
Crisis Management Benefit- lump sum payable to the Policyholder	\$25,000	\$25,000	\$25,000
Crisis Management Benefit- payable to the Covered Person	\$100 per session up to 10 sessions		

Coverages Available:

Class I - Interscholastic Athletics

Covers students while participating in school sponsored and directly supervised games and official 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

Class II - 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 the site of such activities, and while traveling directly and without interruption between home and school to attend regularly scheduled classes (includes one hour immediately before and after regularly scheduled classes).

Class III - 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.

Class IV – Youth Ministry Activities

Covers registered participants in church/school sponsored and directly supervised Youth Ministry activities and while traveling directly without interruption between the school/church and the site of such activities.

Class V - Adult/Parent Volunteers

Covers registered 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.

Class VI - 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.

Class VII - School Staff

Covers school staff while participating in any school sponsored activity, and while traveling, as staff, directly and without interruption between school and the site of such activities.

The program also consists of the following benefits:

Cosmetic Disfigurement from Burns Benefit

If, as a result of a Covered Injury, an Insured suffers third or fourth degree burns in one or more areas of the body, benefits will be paid as determined by the formula specified in the policy, up to a maximum benefit of \$150,000.

Special Adaptation Expense Benefit

If an Insured suffers a "presumptive disability" from a covered Accident and requires a special housing adaptation or a special vehicle to accommodate the disability, benefits will be paid up to \$75,000 for the housing adaptation and/or up to \$75,000 for the special vehicle.

Benefits are not payable unless the Insured's physician certifies them as necessary.

"Presumptive Disability" means the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs within one year of the Covered Accident.

"Vehicle" means a private passenger land motor vehicle. It includes automobiles, vans, and four wheel drive vehicles. It does not include a vehicle used for farming, commercial business, racing or any type of competitive speed event.

Traumatic Brain Deficit Benefit

If an Insured suffers an injury to the brain which 1) occurs, and is diagnosed by a Doctor; 2) results in measurable, neurological deficit persisting for the lesser of at least 12 consecutive months or the time at which maximum recovery has been reached; 3) requires permanent daily personal supervision; and 4) results in the inability of the Insured to perform independently three or more of the following activities of daily living: a) transferring (moving in or out of a bed or chair); b) dressing; c) bathing; d) feeding; e) toileting; or f) continence, benefits will be paid up to a maximum of \$250,000.

Premium Computation:

CHOOSE: Class(es) and Option(s):	OPTION I \$1,000,000 MAX	OPTION II \$5,000,000 MAX	OPTION III \$7,000,000 MAX
Class I - Interscholastic Athletics (All interscholastic athletes and non-competing participants)	# Participants x \$4.12 = _____	# Participants x \$6.26 = _____	# Participants x \$7.51 = _____
Class II - Student Activities (All students enrolled in school/district)	# Total Enrollment x \$1.26 = _____	# Total Enrollment x \$2.14 = _____	# Total Enrollment x \$2.57 = _____
Class III - Religious Education Activities (All registered participants in Religious Education Program)	# Participants x \$0.68 = _____	# Participants x \$1.03 = _____	# Participants x \$1.24 = _____
Class IV - Youth Ministry Activities (All registered participants in Youth Ministry Program)	# Participants x \$1.29 = _____	# Participants x \$1.97 = _____	# Participants x \$2.36 = _____
Class V - Adult/Parent Volunteers (All registered adult/parent volunteers)	# Volunteers x \$0.45 = _____	# Volunteers x \$0.55 = _____	# Volunteers x \$0.70 = _____
Class VI - Summer Sports and Conditioning (All participants)	# Participants x \$1.25 = _____	N/A	N/A
Class VII - School Staff (All participants)	# Participants x \$0.65 = _____	# Participants x \$0.80 = _____	# Participants x \$0.95 = _____
MINIMUM PREMIUM ALLOWED: \$350		Total Premium Due =	

Requested Coverage Effective Date: _____ through _____

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.

Name of person authorized to contract for the School/District

Title

Signature

Date

Coverage Request Form must be completed in its entirety and received by MYERS-STEVENSON & TOOHEY CO., INC., prior to the effective date required.

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Plans Arranged and Administered by:



26101 Marguerite Parkway, Mission Viejo, CA 92692

T: (800) 827-4695 | F: (949) 348-2630 | E: info@myers-stevens.com | CA. License #0425842