

# Student Accident Insurance

---

## for Private and Independent Schools



UNDERWRITTEN BY:



COMMERCIAL TRAVELERS  
MUTUAL INSURANCE COMPANY  
COMMERCIAL TRAVELERS BUILDING  
UTICA, NEW YORK 13502

GW-PR (14)

PRESENTED BY:

**GENE WEBER AGENCY, INC.**  
1542 S. Wickham Road  
W. Melbourne, FL 32904-3541  
(321) 253-9000 office  
(321) 726-6350 fax  
[info@geneweberagency.com](mailto:info@geneweberagency.com)  
[www.geneweberagency.com](http://www.geneweberagency.com)



# PLAN 1

## All School Plan

Blanket coverage on all enrolled students and/or children from Pre-School to Senior High.

This plan is available to those desiring to provide benefits to all its enrolled students in grades Preschool–12. This plan gives an administrator peace of mind knowing all students are protected for any school athletic (*INCLUDING FOOTBALL*) and non-athletic activity.

PREMIUM SCHEDULE		
<b>The premium in grades Preschool–12 for students regularly enrolled in the school/center division, is as follows: \$500 minimum premium required for Day School Coverage.</b>		
	High Option	Low Option
Day Students	\$12.50	\$ 7.25
Boarding Students	38.00	22.00

**Under this Plan all enrolled students for whom the premium has been paid are insured . . .**

1. While on the school/center premises during a period of regular attendance on the days when school is in session.
2. While traveling directly to or from the Insured's residence and school for regular sessions, for such travel time as may be necessary (one hour before school begins and one hour after dismissal; longer if school bus requires).
3. While participating in or attending all activities sponsored by the school/center and directly and continuously supervised by a school official or employee, including supervised travel by school furnished transportation, directly to and from school activities.
4. While attending religious classes, either on or away from the school/center premises, including travel directly to or from the Insured's residence or school and the place where such classes are held.

### MEDICAL BENEFITS—UP TO \$25,000.00

THE POLICY WILL PAY UP TO \$25,000.00 for medical expenses incurred as the result of covered injuries sustained by an Insured in any one accident which occurs on or after the effective date of coverage. Benefits will be paid for treatment, care and service performed within 52 weeks after the date of accident, not to exceed the Expense Benefit Limitations stated below, provided the first such expense is incurred within 30 days after the accident, subject to the "Excess Limitation."

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Benefits are payable IN ADDITION to Medical Expense Benefits.

If a covered injury causes loss within 100 days of the accident, the policy will pay:

Loss of Life . . . . .	\$ 2,000.00	Loss of One Hand and One Foot; or	
Loss of Both Hands, Both Feet		One Hand and One Eye; or	
or Both Eyes . . . . .	\$10,000.00	One Foot and One Eye . . . . .	\$ 4,000.00
Loss of One Hand or One Foot . . . . .	\$ 2,000.00	Loss of Sight of One Eye . . . . .	\$ 1,500.00

### EXCLUSIONS AND LIMITATIONS—See Page 6.

<b>MEDICAL EXPENSE BENEFIT LIMITATIONS</b> Benefits are paid up to the following maximums per injury, unless otherwise stated:		
	HIGH OPTION	LOW OPTION
Hospital Inpatient Expense Room & Board . . . . .	Semi-Private . . . . .	Semi-private
Hospital Ancillary Charges . . . . .	80% U&C . . . . .	\$1,500 per accident
Hospital Outpatient Emergency Care Expense (within 72 hours of injury) . . . . .	80% U&C . . . . .	\$ 75.00 per accident
Hospital Outpatient Surgery Expense . . . . .	80% U&C . . . . .	\$150.00 per accident
Physician (Non-Surgical) Office Visit . . . . .	80% U&C . . . . .	\$ 25.00 first visit; \$ 25.00 per visit thereafter
Physician Expense (Surgical) . . . . .	80% U&C . . . . .	\$150.00 per unit allowance under the current California Relative Value Studies, up to \$1,000.00
Assistant Surgeon Expense . . . . .	20% of surgeon's allowance . . . . .	20% of surgeon's allowance
Anesthetist Expense . . . . .	20% of surgeon's allowance . . . . .	20% of surgeon's allowance
Private Duty Nursing Expense . . . . .	80% U&C . . . . .	80% U&C
Dental Treatment of Sound Natural Teeth . . . . .	80% U&C . . . . .	\$150.00 per tooth; up to \$450.00 maximum per accident
Physical Therapy Expense (Inpatient and Outpatient) . . . . .	80% U&C up to a maximum of 6 visits . . . . .	\$100.00 per accident
Diagnostic Surgery Expense . . . . .	80% U&C . . . . .	\$500.00 per accident
Diagnostic Imaging Expense . . . . .	80% U&C . . . . .	\$300.00 per accident
X-Ray Expense (Inpatient and Outpatient) . . . . .	80% U&C . . . . .	\$150.00 per accident for fracture; \$ 75.00 for non-fracture
Injury Caused by Motor Vehicle, Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident
Aggravation or Re-Injury Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident
Ambulance Expense . . . . .	80% U&C . . . . .	\$200.00 per accident

# PLAN 2

## All School Plan

This plan is available for those schools desiring to provide benefits to all of its enrolled students in grades N through 12. This plan gives an Administrator peace of mind knowing all students are protected for any school sponsored activity. CHOOSE THE PLAN THAT BEST SUITS YOUR SCHOOL'S NEEDS.

PREMIUM SCHEDULE					
<b>PLAN A—ATHLETIC ALL SCHOOL PLAN</b> (Tackle Football not covered)			<b>PLAN B—NON-ATHLETIC ALL SCHOOL PLAN</b> (Interscholastic Sports not covered)		
<b>Per Insured Rates—Minimum Premium Required: \$250.00</b>			<b>Per Insured Rates—Minimum Premium Required: \$100.00</b>		
	<b>High Option</b>	<b>Low Option</b>		<b>High Option</b>	<b>Low Option</b>
<b>Grades N–8</b>	<b>\$ 6.25</b>	<b>\$ 4.75</b>	<b>Grades N–8</b>	<b>\$4.00</b>	<b>\$3.00</b>
<b>Grades 9–12</b>	<b>\$12.25</b>	<b>\$ 9.25</b>	<b>Grades 9–12</b>	<b>\$7.75</b>	<b>\$5.75</b>
<b>Tackle Football—</b> When Purchased with Plan A— 100% Participation Required					
	<b>\$88.00</b>	<b>\$50.00</b>			

### WHO IS COVERED

Under this plan all enrolled students for whom the premium has been paid are insured . . .

1. While on the school premises during a period of regular attendance on the days when school is in session.
2. While traveling directly to or from the Insured's residence and school for regular sessions, for such travel time as may be necessary (one hour before school begins and one hour after dismissal; longer if school bus requires).
3. While participating in or attending all activities (except practice or play in Interscholastic Sports Activities and Tackle Football, unless enrolled for such coverage and the premium therefor is paid), when such activities are sponsored by the School and directly and continuously supervised by a school official or employee, including supervised travel by school furnished transportation, directly to and from school activities.
4. While attending religious classes either on or away from the school premises, including travel directly to or from the Insured's Person's residence or school and the place where such classes are held.

### MEDICAL BENEFITS—UP TO \$25,000.00

THE POLICY WILL PAY UP TO \$25,000.00 for medical expenses incurred as the result of covered injuries sustained by an Insured in any one accident which occurs on or after the effective date of coverage. Benefits will be paid for treatment, care and service performed within 52 weeks after the date of accident, not to exceed the Expense Benefit Limitations stated below, provided the first such expense is incurred within 30 days after the accident, subject to the "Excess Limitation."

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Benefits are payable IN ADDITION to Medical Expense Benefits.

If a covered injury causes loss within 100 days of the accident, the policy will pay:

Loss of Life . . . . .	\$ 2,000.00	Loss of One Hand and One Foot; or One Hand and One Eye; or	
Loss of Both Hands, Both Feet or Both Eyes . . . . .	\$10,000.00	One Foot and One Eye . . . . .	\$ 4,000.00
Loss of One Hand or One Foot . . . . .	\$ 2,000.00	Loss of Sight of One Eye . . . . .	\$ 1,500.00

### EXCLUSIONS AND LIMITATIONS—See Page 6.

<b>EXPENSE BENEFIT LIMITATIONS</b> Benefits are paid up to the following maximums per injury, unless otherwise stated:			
	<b>HIGH OPTION</b>	<b>LOW OPTION</b>	
Hospital Inpatient Expense Room & Board . . . . .	Semi-Private . . . . .	\$200.00 per day	
Hospital Ancillary Charges . . . . .	\$2,000 per accident . . . . .	\$1,000 per accident	
Hospital Outpatient Emergency Care Expense (within 72 hours of injury) . . . . .	\$150.00 per accident . . . . .	\$100.00 per accident	
Hospital Outpatient Surgery . . . . .	\$500.00 per accident . . . . .	\$200.00 per accident	
Hospital Outpatient (Instead of Going to the Doctor's Office) Expense . . . . .	\$ 50.00 per visit . . . . .	\$ 25.00 per visit	
Physician (Non-Surgical) Office Visit . . . . .	\$ 50.00 per visit . . . . .	\$ 25.00 per visit	
Physician Expenses (Surgical) . . . . .	\$200.00 per unit allowance under the . . . . . current California Relative Value Studies, up to \$2,500.00 per accident	\$150.00 per unit allowance under the current California Relative Value Studies, up to \$1,500.00 per accident	
Assistant Surgeon Expense . . . . .	20% of surgeon's allowance . . . . .	20% of surgeon's allowance	
Anesthetist Expense . . . . .	25% of surgeon's allowance . . . . .	25% of surgeon's allowance	
Dental Treatment of Sound Natural Teeth . . . . .	\$150.00 per tooth; up to . . . . . \$450.00 maximum	\$150.00 per tooth; up to \$400.00 maximum	
Physical Therapy Expense . . . . .	\$ 20.00 per visit; 5 visit maximum . . . . .	\$ 20.00 per visit; 5 visit maximum	
Diagnostic Surgery Expense . . . . .	\$750.00 per accident . . . . .	\$500.00 per accident	
Diagnostic Imaging Expense . . . . .	\$400.00 per accident . . . . .	\$250.00 per accident	
Outpatient X-Ray Expense . . . . .	\$200.00 per accident . . . . .	\$125.00 per accident	
Injury Caused by Motor Vehicle, Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident	
Aggravation or Re-Injury Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident	
Ambulance Expense . . . . .	\$200.00 per accident . . . . .	\$150.00 per accident	

## PLAN 3

# Primary Individual Voluntary Student Plan

### PREMIUM SCHEDULE

Grades N-12—Per Student Rates	Enrollment Options	Schooltime Coverage	Summer Only 24-Hour Coverage	Annual 24-Hour Coverage	High School Football Coverage Grades 9-12	Spring Only Football Coverage Grades 9-11
	Low Option	\$ 8.00	\$12.00	\$35.00	\$ 68.00	\$23.00
	High Option	\$18.00	\$33.00	\$67.00	\$130.00	\$44.00

**Optional Extended Dental Coverage:** Increases the Dental Treatment benefit under the plans to a maximum of \$1,000.00 per tooth. Coverage is effective 24 hours a day, even when selected with Schooltime Coverage and ends on the opening day of the following Fall Term. **Premium: \$6.00.**

Parents can choose from two convenient payment methods—check or money order.

#### **SCHOOLTIME PLAN—\$25,000.00 Maximum Medical Benefit**

All enrolled students for whom premium has been paid are insured . . .

1. While on the school premises during a period of regular attendance on the days and months when school is in session.
2. While traveling directly to or from the Insured's residence and school for regular sessions, for such travel time as may be necessary (one hour before school begins and one hour after dismissal; longer if school bus requires).
3. While participating in or attending activities sponsored solely by the school and directly and continuously supervised by a school official or employee, including all sports, except interscholastic tackle football played in or with grades 9-12 (unless enrolled under such coverage and the proper premium has been paid), and including supervised travel by school furnished transportation, directly to and from school activities.
4. While attending religious classes either on or away from the school premises, including travel directly to or from the Insured's residence or school and the place where such classes are held.

Coverage is effective from the date the parent's application and premium are received by the school or the insurance company, but in no event prior to the opening day of school. Coverage terminates at the close of the regular nine-month school term, except while the insured is attending academic classroom sessions exclusively sponsored and solely supervised by the school during the Summer.

**24-HOUR PLAN—\$25,000.00 Maximum Medical Benefit—**Extends the SCHOOLTIME Plan for a full 24 hours a day, at home or at play—anytime, anywhere, whether school is in session or not. The insured has continuous protection from the date the parent's application and premium are received (or on the opening day of school, if later) to the opening day of the next Fall term.

**FOOTBALL COVERAGE—**Coverage for Interscholastic Tackle Football, including Spring Football, played in or with Grades 9-12 may only be purchased in conjunction with Schooltime or Annual 24-Hour Insurance. Football coverage may NOT be purchased alone. Coverage includes travel to or from a football game or practice, as a team member, when such travel is sponsored by the school and solely supervised by school employees. Coverage begins on the first day of regularly scheduled school-sponsored practice (or Spring Practice), provided the student is enrolled for Football Coverage and premium is paid prior to commencement of practice. An enrollment list and/or enrollment envelopes showing the names of all Football players to be insured and the premium must be received by the Company's Agent within five (5) days after the first practice; otherwise coverage is effective on the date premium is paid. Coverage expires on August 1 of the year next following the policy effective date.

#### **MEDICAL BENEFITS—Up to \$25,000.00**

THE POLICY WILL PAY UP TO \$25,000 for medical expenses incurred as the result of covered injuries sustained by an Insured in any one accident which occurs on or after the effective date of coverage. Benefits will be paid for treatment, care and service performed within 52 weeks after the date of accident, not to exceed the Expense Benefit Limitations stated below, provided the first such expense is incurred within 30 days after the accident.

#### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS—SAME AS PLAN 1—ALL SCHOOL PLAN**

See Page 6 for **EXCLUSIONS** and **APPLICABLE LIMITATIONS** (B-D only)

**EXPENSE BENEFIT LIMITATIONS** Benefits are paid up to the following maximums per injury, unless otherwise stated:

	HIGH OPTION	LOW OPTION
Hospital Inpatient Expense Room & Board . . . . .	\$250.00 per day . . . . .	\$150.00 per day
Hospital Ancillary Charges . . . . .	\$1,500.00 per accident . . . . .	\$750.00 per accident
Hospital Outpatient Emergency Care Expense (within 72 hours of injury) . . . . .	\$ 75.00 per accident . . . . .	\$ 40.00 per accident
Hospital Outpatient Surgery . . . . .	\$250.00 per accident . . . . .	\$150.00 per accident
Physician Expenses (Non-Surgical) . . . . .	\$ 30.00 per visit . . . . .	\$ 20.00 per visit
Where treatment principally involves physiotherapy, limited to . . . . .	3 visits . . . . .	3 visits
Physician Expense (Surgical) . . . . .	\$130.00 per unit allowance under the current California Relative Value Studies, up to \$800.00 per accident	\$ 90.00 per unit allowance under the current California Relative Value Studies, up to \$500.00 per accident
Assistant Surgeon's Expense . . . . .	20% of Surgeon's allowance . . . . .	20% of Surgeon's allowance
Anesthetist Expense . . . . .	25% of Surgeon's allowance . . . . .	25% of Surgeon's allowance
Private Duty Nurse Expense . . . . .	80% of charges . . . . .	80% of charges
Outpatient X-Ray Expense . . . . .	\$100.00 per accident . . . . .	\$ 50.00 per accident
Outpatient Laboratory Expense . . . . .	\$ 50.00 per accident . . . . .	\$ 25.00 per accident
Dental Treatment of Sound and Natural Teeth . . . . .	\$100.00 per tooth; up to . . . . .	\$100.00 per tooth; up to
	\$300.00 per accident	\$300.00 per accident
Ambulance Expense . . . . .	\$100.00 per accident . . . . .	\$100.00 per accident
Aggravation or Re-Injury Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident
Injury Caused by Motor Vehicle, Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident
Diagnostic Surgery Expense . . . . .	\$500.00 per accident . . . . .	\$500.00 per accident
Diagnostic Imaging Expense . . . . .	\$200.00 per accident . . . . .	\$100.00 per accident

## EXCLUSIONS

These plans do not cover, nor is any premium charged for . . .

1. Injuries resulting from (a) the practice or play of interscholastic tackle football in or with grades 9–12, unless the proper additional premium per player has been paid; or (b) skiing in any form, except as a covered member of an interscholastic skiing team, or when 24-Hour coverage is purchased; (c) Summer recreational and camp programs unless 24-Hour coverage is purchased.
2. Eyeglasses or contact lenses or prescriptions therefor; or drugs and medications, except when hospital confined; or braces, orthopedic appliances, orthodontics or durable medical equipment, except as provided in the Benefit Schedule.
3. Intentionally self-inflicted injury; or injuries occurring while violating or attempting to violate any duly enacted law.
4. Illness, disease or infection in any form, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material; hernia in any form, unless due to a covered accident.
5. Treatment administered by any person employed or retained by the school or by a member of the Insured's immediate family.
6. Injuries sustained while operating, riding in or on, or alighting from a 2- or 3-wheeled engine-driven or motorized vehicle, or any vehicle not designed primarily for use on public streets and highways.
7. For accidents involving other motor vehicles, medical expenses in excess of \$500.00.
8. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
9. Loss covered by Workers' Compensation or Employer's Liability Act or Law.
10. Injury resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician.
11. Injuries resulting from war or act of war, participation in any riot or civil commotion; nuclear reaction or radiation.
12. Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage in excess of \$500.00.

## LIMITATIONS

- A. **EXCESS LIMITATION:** All plans described in this brochure, with the exception of the Primary Individual Voluntary Plan, are designed to pay on an excess basis, that is, no payment will be made for expenses for which hospital, medical, surgical or dental benefits are payable or service is available under any other insurance or medical service plan, including HMO's, PPO's, Workers' Compensation and similar plans.
- B. No benefits are payable for any expense resulting from participation in interscholastic activities for which benefits would be payable, in the absence of insurance hereunder, under any High School Association Catastrophe Sports Accident Policy.
- C. Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure.
- D. In the event the Insured Person sustains an injury for which benefits are payable under more than one Student Accident Insurance Policy or like coverage issued by Commercial Travelers, coverage shall be deemed to be in effect only under one such Plan, the one affording the greater (or greatest) amount of benefits for the injury.

*Note: Certain of these exclusions or limitations may be modified to meet specific state requirements.*

## CATASTROPHIC ACCIDENT INSURANCE

This option pays up to the amount selected, after a \$25,000.00 deductible has been met. **Catastrophic Coverage** may be purchased by the school for all school-sponsored activities, or for interscholastic sports only. Please call the Gene Weber Agency for availability and a specific proposal for your school.

**Claim forms are also available at [www.commercialtravelers.com](http://www.commercialtravelers.com)**

THIS IS A DESCRIPTIVE BROCHURE: NOT A POLICY—ALL PLANS ARE SUBJECT TO INSURANCE DEPARTMENT APPROVAL

**NOTE:** Rates reflected in this brochure were determined for the 2014 underwriting season. Please check with your agent to assure that rates have not been revised. Policy Form No. CTP-7(PR/CS).

Premium(s) quoted in this brochure cannot be refunded or pro-rated

# Enrollment Request

Name of School or Center \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
 New Client     Renewal Client    e-mail address \_\_\_\_\_

1. What is the Effective Date of School Term (first day of school)? \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 2. What is the Termination Date (first day of next school year)? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 3. What is the Effective Date of Football Coverage (first day of practice)? \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of Football Players? \_\_\_\_  
 4. What is the Effective Date of Sports other than Football (first day of practice)? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 5. It is agreed and understood that (a) student insurance becomes effective on the opening day of school;  
 (b) Football and other sports coverage becomes effective the first day of authorized practice; or (c) on the date  
 this application or individual enrollment is received, whichever is later. Please check **one**:

**PLAN 1—ALL SCHOOL PLAN—Minimum Premium: \$500.00**       **High Option**     **Low Option**  
 Day Students \_\_\_\_\_  
 Boarding Students \_\_\_\_\_

— OR —

**PLAN 2—ATHLETIC ALL SCHOOL PLAN "A" EXCESS PLAN WITHOUT FOOTBALL Minimum Premium: \$250.00**       **High Option**     **Low Option**  
 Tackle Football Coverage with Plan "A"  
 (Available only with Plan "A"; 100% Participation Required)      Coverage same as selected above.  
 — OR —

**PLAN 2—NON-ATHLETIC ALL SCHOOL PLAN "B" EXCESS PLAN—Interscholastic Sports Activities NOT Covered Minimum Premium: \$100.00**       **High Option**     **Low Option**  
 — OR —

**PLAN 3—PRIMARY INDIVIDUAL VOLUNTARY STUDENT PLAN**

6. Individual Voluntary Student Plan envelope should be  
 MAIL-BACK VERSION (Returned directly to the Agent)

7. STUDENT ENROLLMENT: Day Students: Grades N-8 \_\_\_\_\_ Grades 9-12 \_\_\_\_\_ Total \_\_\_\_\_  
 Boarding Students: Grades N-8 \_\_\_\_\_ Grades 9-12 \_\_\_\_\_ Total \_\_\_\_\_

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Requested by: \_\_\_\_\_  
Signature of School Official Title

\_\_\_\_\_ Name of School Official—Print or Type Date

Complete and mail or fax to: Gene Weber Agency, Inc. • 1542 S. Wickham Rd. • W. Melbourne, FL 32904-3541  
**FAX (321) 726-6350 • IF YOU HAVE ANY QUESTIONS CALL (321) 253-9000**

FOR COMPANY USE ONLY		App. Rec'd: _____
Policy No.: _____	Forms attached: _____	Env. No.: _____
Effective Date: _____		Amount Sent: _____
Expiration Date: _____		Supplies Sent: _____
Sub Agent: _____		Policy Sent: _____

**GENE WEBBER AGENCY, INC.**

1542 S. Wickham Rd.

W. Melbourne, FL 32904-3541



**Important Information Enclosed**