



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Student Accident Insurance



Why Bollinger Specialty Group?

Bollinger Specialty Group, has been proudly administering Student Accident Insurance for 70 years. We have become known as a leader in the industry with experience protecting over 36 million students since 1946.

Key program features that differentiate us in the marketplace include:

Carrier Relationships

We have built strong relationships with several carrier partners. As a result, we are able to provide numerous market options, which will allow you to select a program that works best both in terms of cost and plan design. All of our carrier partners are rated "A" or better for financial strength by A.M. Best.

Service

Relationships are the lifeline of our business; by not outsourcing our services, we make sure our clients receive the attention that they deserve. Our experienced team of in-house claim professionals, account managers, program administrators and underwriters are dedicated to providing you with the best possible service. We're here to help!

No Outsourcing of Claims

Our claims are administered in-house to ensure a level of exceptional service. We do not outsource. There is only one place to go to have all your questions answered.

Enhanced Claim Reporting Capabilities

We provide our clients with monthly, bimonthly or quarterly reports. Our enhanced claim reporting capabilities serve as a great tool to assist in risk management and cost-containment efforts.

Want Additional Information?

Bollinger Specialty Group

200 Jefferson Park

Whippany, NJ 07981

BollingerSpecialtyGroup@ajg.com

800.350.8005 Main

973.921.2876 Fax

www.ajg.com

Bollinger Specialty Group is a MGU, MGA and TPA for several programs, including Rx, Dental, Student Accident and Medical.



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K-12 Voluntary Student Accident Insurance

Available Coverage Options

Depending on which program your school provides, some or all of the following voluntary insurance products are available for purchase on a voluntary basis:

- \$500,000 School Time Only Student Accident Insurance
- \$500,000 'Round The Clock – 24 Hour Accident Coverage
- \$10,000 Student Life Insurance
- \$5,000 Student Dental Accident Insurance

Kids will be Kids!

1. Make sure your child is properly covered against unforeseen accidents.
2. Purchase coverage at your convenience from any computer.
3. Follow the easy step by step instructions and you're done in minutes!

These Voluntary Participation Student Accident Insurance Plans offered through your school can be purchased easily online at:

www.BollingerSchools.com



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200 Jefferson Park
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1 800.350.8005
1 973.932.2876
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SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN

\$500,000 MAXIMUM BENEFIT

ACCIDENT COVERAGE

This plan covers medical expenses incurred from accidental bodily injuries including but not limited to: 1) broken arm from falling off bicycle, 2) concussion from being hit in the head, or 3) lacerated foot from stepping on broken glass. This plan does not cover medical expenses from sicknesses such as measles, mumps, or the flu.

CHOOSE FROM TWO PLANS OF PROTECTION FOR YOUR CHILD

- A. **School Time Only Protection** covers most school sponsored and supervised activities including regular school session, summer school, direct travel to and from regular school sessions, direct and uninterrupted travel to and from school activities, as well as participation in most school activities (except for those listed under the section entitled "Exclusions").
- B. **24-Hour Round-the-Clock Protection** provides coverage on a 24-hour per day basis – during school hours, after school, evenings, weekends, holidays, and summer vacation - anywhere in the world until school reopens the following school year.

PLEASE NOTE: Injuries from tackle football of any kind are not covered under this plan.

BENEFITS: are provided for accidental injuries for which medical treatment by a physician, surgeon, dentist, or registered nurse, hospital service, ambulance services, of X-rays are rendered. The initial treatment must be rendered within 90 days of accident and benefits are limited to treatment rendered within 260 weeks of the date of accident. All claims must be submitted to the company within 90 days from the date of accident.

This plan covers accidental bodily injuries resulting in death and dismemberment. The payable benefit amount for accidental deaths is \$10,000. The payable benefit amount for accidental dismemberment is a maximum of \$20,000 - the actual amount will be determined according to the dismemberment scheduled listed in the Policy. The Exposure and Disappearance Benefit included on the Policy extends coverage for the following: Exposure - If an Insured is exposed to weather because of an Accident and this results in death, the Insured will be eligible for the applicable accidental death benefit; Disappearance - If the conveyance in which an Insured is riding disappears, is wrecked, or sinks, and the Insured is not found within 365 days of the event, it will be presumed that the person lost his or her life as a result of injury and the Insured will be eligible for the applicable accidental death benefit.

MAXIMUM

The maximum benefit payable for medical expenses as a result of any one accident is \$500,000.

COVERED MEDICAL EXPENSES

Coverage under the Accident Medical Expense Benefit applies to the following Medical Services resulting from a Covered Injury.

Hospital Room and Board are covered to a maximum of the Usual and Customary charges.

Ancillary Hospital Expenses including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined are covered to a maximum of \$5,000 of the Usual & Customary charges.

Medical Emergency Care (room and supplies) expenses incurred within twenty-four hours of an accident are covered to a maximum of \$100 of the Usual & Customary charges.



VOLUNTARY STUDENT ACCIDENT INSURANCE PLAN

Outpatient Surgical Room (includes Ambulatory Surgical Facilities) are covered to a maximum of \$1,000 of the Usual & Customary charges.

Outpatient diagnostic X-rays, laboratory procedures and tests are covered to a maximum of \$750 of the Usual and Customary charges.

Physician non-surgical treatment/examination expenses (excluding medicines) including the physician's initial visit, each necessary follow-up visit and consultation visits when referred by the attending physician are covered to a maximum of \$250.

Physician's surgical expenses are covered to a maximum of \$5,000 of the Usual and Customary charges. If a covered injury requires multiple surgical procedures during the same operative session through the same or different incision, only one benefit, the largest of the procedures performed.

Assistant physician expenses, when medically necessary, are covered to a maximum of the Usual and Customary charges.

Registered nurse services, when medically necessary, (the nurse cannot be a member of the insured's immediate family) are covered to a maximum of \$375.

Anesthesiologist expenses are covered to a maximum of 30% of Surgery expense.

Physiotherapy expenses on an inpatient or outpatient basis limited to one (1) visit per day to a maximum of ten (10) visits. Expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy are covered to a maximum of \$500.

Non-emergency inpatient and outpatient X-ray expenses (including reading charges) but not for dental X-rays unless Medically Necessary to evaluate a Covered Injury are covered to a maximum of \$200 of the Usual and Customary charges.

Radiological procedures are covered to a maximum of the Usual and Customary charges.

Diagnostic imaging expenses including MRI and CAT Scan are covered to a maximum of \$750 of the Usual and Customary charges.

Ambulance expenses for transportation from the emergency site to the Hospital are covered to a maximum of \$1,000 of the Usual and Customary charges.

Rehabilitative limb braces, wheelchairs and other medical equipment or appliances prescribed by a Physician are covered to a maximum of \$2,500 of the Usual and Customary charges.

Prescription drug expenses, for Covered Injuries, prescribed by a Physician and administered on an outpatient basis are covered to a maximum of the Usual and Customary charges.

Expenses for blood and blood transfusions; oxygen and its administration are covered to a maximum of the Usual and Customary charges.

Dental expenses, for Covered Injuries, are covered to a maximum of \$4,000 of the Usual and Customary charges.

Eyeglasses, contact lenses or hearing aids damaged or destroyed as a result of a Covered Injury and prescribed by a Physician are covered to a maximum of \$1,000 of the Usual and Customary charges.

EXCLUSIONS

GENERAL EXCLUSIONS

A loss will not be a **Covered Loss** if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. participation in the commission or attempted commission of any felony.
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated.
 - a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.
8. being under the influence of any narcotic, unless administered or consumed on the advice of a Physician.
9. Travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an **Accident**.
11. 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.

ACCIDENT MEDICAL EXPENSE EXCLUSIONS

In addition to the General Exclusions stated on the policy, expenses under this additional benefit will not be covered for:

1. Fighting or brawling except in self-defense.
2. Any expense for which benefits are payable under Catastrophic Accident Insurance Program of the State High School Interscholastic Activities Association, or any state equivalent.
3. Reinjury of the same body part within 6 months of the **Covered Accident** unless previously cleared by a **Physician** to practice or play.
4. Cosmetic, plastic or restorative surgery unless **Medically Necessary** for the treatment of the **Covered Injury**.
5. Any medical expenses related to pregnancy unless **Medically Necessary** for the treatment of the **Covered Injury**.
6. **Covered Injury** for which the **Insured** is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or any statutory mandated coverage.
7. Personal comfort or convenience items, such as but not limited to **Hospital** telephone charges, television rental, guest meals, or internet charges.
8. Treatment by any immediate family member or member of the **Insured's** household.
9. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless **Medically Necessary** for the treatment of the **Covered Injury**.



VOLUNTARY STUDENT ACCIDENT INSURANCE PLAN

10. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless **Medically Necessary** for the treatment of the **Covered Injury**.
11. A hernia of any kind unless the direct result of a **Covered Injury**.
12. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.
13. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
14. Expenses which the **Insured** is not legally obligated to pay.
15. Expenses for **Custodial Services** or services provided by a private duty nurse unless such expenses are incurred as a result of a **Covered Injury**, as prescribed by a **Physician**.
16. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the **Covered Injury** has caused further impairment of the underlying bodily condition.
17. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a **Covered Injury**.
18. Treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease.

CLAIM PROCEDURE

In the event of a claim, occurring other than during school hours, notify Bollinger by calling 866-267-0092 or print a claim form directly from our website www.BollingerSchools.com. (Note: Claims occurring during school hours fall under the school policy. For such claims you can obtain a claim form from the school.)

ID CARD

STUDENT ACCIDENT INSURANCE

Name: _____

Street Address: _____

Town: _____ City: _____ State: _____ Zip: _____

School District: _____

To obtain a claim form, please visit www.BollingerSchools.com

Administered by:
 Bollinger Specialty Group
 BOLLINGER, INC., A SUBSIDIARY OF
 ARTHUR J. GALLAGHER & CO.
 P.O. Box 1346, Morristown, NJ 07962
 1-866-267-0092

Please store your card in a safe location for future reference.

This is intended as a general description of certain types of insurance and services available to qualified customers through the Zurich American Insurance Company (1299 Zurich Way, Schaumburg, IL 60196, phone number 800-382-2150, NAIC # 16535, domiciled in New York) solely for informational purposes. Nothing herein should be construed as a solicitation, offer, advice, recommendation, or any other service with regard to any type of insurance product underwritten by Zurich American Insurance Company. Your policy is the contract that specifically and fully describes your coverage, terms and conditions. The description of the policy provisions gives a broad overview of coverages and does not revise or amend the policy.

Coverages and rates are subject to individual insured meeting our underwriting qualifications and product availability in applicable states.



VOLUNTARY STUDENT ACCIDENT INSURANCE PLAN

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN COST PER SCHOOL YEAR

SCHOOL TIME ONLY PLAN

\$74.00

Coverage through the last day of school in June 2018

OR

24-HOUR 'ROUND THE CLOCK PLAN

\$128.00

Coverage through the last day of summer vacation 2018

DO NOT RETURN THE ENROLLMENT FORM TO THE SCHOOL.

Make your check or money order payable to **BOLLINGER, INC.**

Mail the form and the appropriate premium to:
Bollinger Specialty Group, PO Box 1515, Morristown, NJ 07962

Your cancelled check is your receipt.

New Jersey: Application for Student Accident Insurance

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

MALE FEMALE DATE OF BIRTH ____/____/____
(Month/Day/Year)

STREET ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

NAME OF PARENT OR GUARDIAN (BENEFICIARY) **PLEASE PRINT** _____

All statements made on this application are true and complete to the best of my knowledge and belief.

PARENT'S SIGNATURE _____ TODAY'S DATE _____

NAME OF SCHOOL DISTRICT _____

SCHOOL NAME _____ GRADE _____

Please select the plan desired.

SCHOOL SPONSORED STUDENT ACCIDENT INSURANCE PLAN Premium Cost Per Year		
	A. SCHOOL TIME ONLY PLAN	B. 24-HOUR 'ROUND THE CLOCK' PLAN
Students Grades K-12	<input type="checkbox"/> \$74.00	<input type="checkbox"/> \$128.00

I enclose \$ _____ Total Premium

Mail this form and the appropriate premium to: **Bollinger, Inc., PO Box 1515, Morristown, NJ 07962.** Your cancelled check is your receipt.



10NF-11

-PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING-

**SEND ALL FORMS TO
CLAIMS
ADMINISTRATOR:
BOLLINGER INC.
P.O. Box 1346
Morristown, NJ 07962**

1. School District or Diocese:	2. School Within District or Parish Child Attends:	3. Master Policy No.:
4. Claimant's Last Name:	First Name:	5. Date of Birth:
		6. <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Telephone:		
8. Home Address:	9. City/State/Zip Code:	
10. E-mail address of Parent of Guardian:		

11. Check activity in which student was involved when injured:

A. Interscholastic Sports _____
Name of Sport

B. Cheerleading Twirling or Flagwaving Band Member

OR:

01 <input type="checkbox"/> Physical Ed. Class	04 <input type="checkbox"/> To and From School	07 <input type="checkbox"/> Extra Curr. Activity ON Premises
02 <input type="checkbox"/> Classroom or Hallway	05 <input type="checkbox"/> Group Travel	08 <input type="checkbox"/> Extra Curr. Activity OFF Premises
03 <input type="checkbox"/> Playground (NOT Phys. Ed.)	06 <input type="checkbox"/> Non-School Activity (24 Hr. Plan)	09 <input type="checkbox"/> Spectator

Was School in Session? YES NO **Starting Time** _____ **Dismissal Time** _____

12. Date of Accident:	13. Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	14. How Did Accident Occur?
15. Where Did Accident Occur?		16. Part of Body Injured:

17. I certify that the activity checked above is school sponsored and supervised and is covered under a policy applied for and purchased by the policyholder.

Signature of School Official _____ Title _____ Date _____

Email Address _____ Phone Number _____

**AUTHORIZATIONS AND STATEMENT OF OTHER INSURANCE MUST BE
COMPLETED BY PARENT OR GUARDIAN**

MEDICAL AUTHORIZATION: I authorize the release of any medical or other information necessary to process this claim, including all data covering this and/or previous confinements and/or disabilities. SIGNED _____ DATE _____	PAYMENT AUTHORIZATION: I authorize payment of medical benefits directly to the providers rendering services. SIGNED _____ DATE _____
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1. Father's Name:	2. Name and Address of His Employer:
3. Mother's Name:	4. Name and Address of Her Employer:

5. No, we do not have any personal or group medical insurance. I have enclosed a letter from my employer verifying this.

6. Yes, we do have other insurance. (Please complete #7).

7. Names of other Insurance Companies	Address

8. We have no other insurance. We are (please check one): Self-employed Unemployed Disabled

9. **We have a government funded plan (Medicaid, TriCare, etc)**

I hereby certify, swear and affirm that the information given above is true and accurate. I fully understand that any willful misrepresentation made by me in an attempt to collect benefits under this policy constitutes fraud and is punishable by law.

Parent or Guardian's Signature: _____ **Date** _____

PARENT'S INSTRUCTIONS FOR FILING A CLAIM

1. This low cost policy has restrictions and limitations, and your claim may not be paid in full.
2. A School Official will complete and sign the front section of the claim form for school related injuries only.
3. If this accident is not a school related injury parent should complete the front of the claim form.
4. You must sign the Authorization at the bottom of the form.
5. Attach itemized bills (CMS-1500 from physicians, UB-04 from hospitals, and ADA Dental claim form J430 or its equivalent for dental injuries) to the claim form. **We can not accept balance due bills.**
6. **MAIL THIS CLAIM FORM TO BOLLINGER WITHIN 90 DAYS OF THE DATE OF THE ACCIDENT.**
7. Subsequent bills should be sent in as you receive them. Please show the student's name, the policy number, and the date of accident on all of these subsequent bills. An additional claim form is not necessary.
8. After you have submitted your completed claim form and itemized bills to Bollinger Specialty Group you may go to www.BollingerSchools.com and click the Check Claim Status link to access the Explanation of Benefits.
9. If you need further information call 866-267-0092 or contact us on our website at: www.BollingerSchools.com
10. Please keep a copy of this Claim Form, all bills and primary insurance Explanations of Benefits for your records.

Thank you for your cooperation.

PLAN ADMINISTRATION AND CLAIM SERVICE BY:



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

P.O. BOX 1346, MORRISTOWN N.J. 079626 • TELEPHONE (866) 267-0092

www.BollingerSchools.com

Fraud Warnings Disclosure

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may subject the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

In **Arkansas, Louisiana, Rhode Island, or West Virginia**: 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.

In **Alabama**: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

In **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

In **District of Columbia**: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In **Florida**: 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.

In **Kansas**: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

In **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In **Maine, Tennessee, Virginia, or Washington**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **New Mexico**: 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 CIVIL FINES AND CRIMINAL PENALTIES.

In **New York**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In **Ohio**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.



Dental Accident Insurance

24-Hour Coverage

Underwritten by Catlin Insurance Company Incorporated, Houston, TX

\$5,000 Maximum Benefit

This plan provides benefits of up to \$5,000 per accident for expenses of a dentist's Usual and Customary Charges for treatment and services begun within 180 days of an accidental injury to sound natural teeth. This plan does not cover routine dental work such as check-ups for teeth cleaning, nor does it cover dental disease, gum disease, or orthodontia.

Definition of Injury

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident.

The Exclusions

This plan does not provide for:

1. Intentionally self-inflicted Injury.
2. War or any act of war, whether declared or not.
3. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection; or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
4. Travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
5. The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.

Covered Medical Expenses

Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident and emergency alleviation of dental pain.

Dental expenses for an impacted wisdom tooth, in the event the tooth becomes impacted due to a Covered Accident.

Maximum Benefit Period

The benefit period for each eligible claim is up to two years from the date of the Covered Accident providing the claim is reported within 90 days of the Accident.

Anytime, Anywhere Protection

This plan protects your child for accidental injury to teeth that occurs at any place – at school, at home, at play, on vacation – anytime of day or night the year-round.

Sensible Protection for Children's Teeth

Sound teeth are one of your child's most valuable natural possessions. But they also represent one of the more vulnerable areas to accident. Even an otherwise harmless spill can inflict severe damage to children's teeth, damage that could remain with them permanently.

Today, you can provide your child with dental accident insurance at a competitive price. In features and benefits, it is the kind of coverage that no child should ever be without.

What Happens if You Have Other Insurance?

This policy pays its benefits regardless of other insurance you may have.

How to Apply

Student Dental Accident Insurance is available through our website www.BollingerSchools.com. You may purchase coverage online for the cost of \$20 per year. We will email you your child's Certificate of Insurance within 60 days. Coverage will go into effect on October 1st if the coverage is purchased in September. Applications received after September 30th will become effective at midnight on the day following purchase (example: if plan is purchase on December 3rd, coverage will go into effect on December 4th). Coverage expires on September 30, 2018.





\$10,000 Term Life Insurance **Student Life Insurance Plan**

Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA

Anytime, Anywhere Protection

This Plan covers your child 24 hours a day, every day of the year, in school, at play, at home, on vacation – anywhere in the world.

Who Can Buy This Policy

This coverage may be purchased for any child who is in good general health. Policies will not be issued to children who have ever had known indications of, or have been treated for:

- (1) Any form of cancer,
- (2) Cerebral palsy,
- (3) Heart abnormality or disorder,
- (4) Lung abnormality or disorder,
- (5) Kidney abnormality or disorder.

A misrepresentation of the existence of any of the 5 conditions listed above will result in a rescission of life insurance during the first two years of coverage. The Student Life Insurance Plan covers death from any cause with the exception of suicide during the first two years of coverage. After the policy has been in force for 2 years, there are no exceptions.

A Necessary Part of Your Child's Coverage

Every parent knows that a child's coverage is not complete without some form of life insurance. Yet, many parents quite often put off obtaining this vital protection, whether because of the cost or because of the inconvenience. Today, there's no longer a reason to put off getting this necessary coverage. This Student Life Insurance Plan gives you the opportunity to cover your child at a competitive price and with the convenience of an online application.

Competitively Priced Premium

You can now obtain this valuable coverage for the low annual premium of \$30 per year.

It's Easy to Apply

Student Life Insurance is available through our website www.BollingerSchools.com.

Your child's policy will be sent to you by return mail within 60 days. The policy will go into effect on the 1st of the month following approval of the application and premium payment



Bollinger Specialty Group

BOLLINGER, INC., A SUBSIDIARY OF
ARTHUR J. GALLAGHER & CO.

Keeping them protected for their next big adventure

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