



All Risks Specialty, LLC
81 South Ninth Street
Minneapolis, MN 55402
Holly Wilson
612-895-2128

Insurance Proposal

April 14, 2021

Alive Risk Direct
Attn: Holly Wilson
P.O. Box 48275 St Petersburg, FL 33743

Applicant: Bethel Park School District
301 Church Road
Bethel Park, PA 15102

Submission #: KAMB-65229-21
Policy Period: 09/01/2021 12:01 AM To 09/01/2022 12:01 AM
Coverage: Accident & Health

Issuing Company: AXIS Insurance

We are pleased to submit our proposal for the above captioned applicant. Please review the attached quote carefully, as coverage offered may be more limited than the coverage requested.

For new business, this quote is valid for 30 days unless otherwise indicated in the quote terms. If this is a renewal quote, the terms of the quote will expire upon the expiration of the existing policy unless otherwise indicated in the quote terms. Please return a copy of the proposal you intend to bind with your bind request. Please note coverage cannot be backdated regardless of the proposed effective date and no coverage is considered bound until you receive written verification.

Thank you for choosing us. We appreciate the opportunity to earn your business.

Regards,

Holly Wilson
Underwriter
Alive Risk
holly.wilson@ryansg.com
612-895-2128

Underwriter
Alive Risk



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Cost Summary

Accident & Health Premium

Included



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Schedule of Locations

<u>Loc</u>	<u>Bldg</u>	<u>Address</u>
1	1	301 Church Road Bethel Park, PA 15102

Insurance Proposal

Accident & Health Premium

Total Accident & Health Premium	Included
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Accident & Health Coverages

Coverage	Limit	Premium
Accident & Health Premium		Included
Number of Lives: 4218		
Claims TPA: MCA		
TPA Fee %: 5		
Accidental Death and Dismemberment Benefits Class1 Principal Sum	\$5,000	Included
Loss Period: 365 Days		
Accident Medical and Dental Expense Benefit Total Max Benefit	\$1,000,000	Included
Loss Period: 90 Days		
Benefit Period: 1 Year		
Terms of Payment: Primary		



Policy Number: KAMB-65229-22

ACCIDENT MEDICAL MASTER INSURANCE APPLICATION

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

Policyholder (full legal name): Bethel Park School District
Street Address: 301 Church Road
City: Bethel Park **State:** PA **Zip Code:** 15102
Policyholder's E-mail Address: _____ **Telephone Number:** 412 854-8600
Grades Included: K-12 **Estimated # of Students:** 4224

VOLUNTARY STUDENT ACCIDENT COVERAGE	
Plan: A	Accident Medical Benefit:
<input checked="" type="checkbox"/> Includes Sports Other than Senior High School Football	<input checked="" type="checkbox"/> Primary
<input type="checkbox"/> Excludes Sports	<input type="checkbox"/> Primary Excess / Maximum Amount: \$
Effective Date:	Benefit Period: 1 (years)
Termination Date:	Total Maximum for All Accident Medical Benefits: \$ 1,000,000
Accidental Death Principal Sum: \$5,000	<input checked="" type="checkbox"/> School Time Rate: \$ 27.00
	<input checked="" type="checkbox"/> 24-Hour Rate: \$ 98.00
	<input type="checkbox"/> 24- Hour Wrap Around Rate: \$

COMPULSORY STUDENT ACCIDENT COVERAGE	
Plan:	Accident Medical Benefit:
<input type="checkbox"/> Includes Sports Other than Senior High School Football	<input type="checkbox"/> Primary Excess / Maximum Amount: \$
<input type="checkbox"/> All Sports <input type="checkbox"/> Excludes Sports	Benefit Period: (years)
Effective Date:	Total Maximum for All Accident Medical Benefits: \$
Termination Date:	
Accidental Death Principal Sum: \$5,000	Flat Rate: \$

OPTIONAL COVERAGES	
<input type="checkbox"/> Special Activities Coverage (Plan AA)	<input type="checkbox"/> Felonious Assault and Violent Crime Benefit

MANDATORY INTERSCHOLASTIC SPORTS COVERAGE	
Plan:	Accident Medical Benefit Plan:
<input type="checkbox"/> Senior High School Football	<input type="checkbox"/> Primary Excess / Maximum Amount: \$
<input type="checkbox"/> Junior High School Football	<input type="checkbox"/> Expanded Sports Medical Coverage
<input type="checkbox"/> Band and Cheerleader	Benefit Period: (years)
<input type="checkbox"/> Senior High School Sports	Total Maximum for All Accident Medical Benefits: \$
<input type="checkbox"/> Junior High School Sports	
Effective Date:	Termination Date:
Accidental Death Principal Sum: \$15,000	Flat Rate: \$