



KICS Enrollment Application for: STUDENT AND ATHLETIC ACCIDENT

NAME OF SCHOOL DISTRICT: USD 394 Rose Hill

ADDRESS: 104 N Rose Hill Rd

TELEPHONE: ()

CITY: Rose Hill

STATE: KANSAS

ZIP: 67133

CLASS 1: BASE ACCIDENT MEDICAL EXPENSE BENEFITS

Maximum Benefit Amount	\$25,000
Disappearing Deductible	\$0
Initial Treatment Period	60 Days
Benefit Period	52 Weeks
Accidental Death & Dismemberment up to	\$10,000

Underwritten by Everest Reinsurance Company

CLASS 2: CATASTROPHIC ACCIDENT MEDICAL EXPENSE BENEFITS

Maximum Benefit Amount	\$5,000,000
Disappearing Deductible	\$25,000
Deductible Incurral Period	24 Months
Initial Treatment Period	60 Days
Benefit Period	10 Years
Accidental Death & Dismemberment up to	\$10,000

Underwritten by Hartford Insurance Company

COVERED ACTIVITIES

CLASS 1: STUDENT and INTERSCHOLASTIC ATHLETIC ACTIVITIES

Coverage would be in force for all participants in school-sponsored and supervised student activities including interscholastic athletics, field trips, summer camp and activities and group travel.

CLASS 2: STUDENT ACTIVITIES

Students participating in school related activities sponsored by the Policyholder while on the premises of, designated by and under the direct supervision of the Policyholder, or while participating in or attending an authorized and sponsored activity of the Policyholder while away from the Policyholder's premises, including travel, excluding sports.

Check all that apply	Number of Students	Grades		Rate per Student		
☒ Class 1	<u>1124</u>	PK-8	x	<u>\$7.00</u>	=	Base Accident (Student and Athletic Accidents) <u>\$ 7,868</u>
☒ Class 1	<u>529</u>	9-12	x	<u>\$11.25</u>	=	Base Accident (Student and Athletic Accidents) <u>\$ 5,951.25</u>
☒ Class 2	<u>1653</u>	PK-12	x	<u>\$1.15</u>	=	Catastrophic Accident (Student Accidents ONLY) <u>\$ 1,900.95</u>

TOTAL PREMIUM CALCULATION \$: 15,720.20

It is hereby understood that the effective dates of coverage under the Policy are **08/01/2026 to 08/01/2027** or the date the application and required premium are received by the home office of Everest Reinsurance Company or its general agent, whichever date is later. In no event will coverage come effective prior to payment of premium.

Authorized Signature _____

Date _____

Print Name: Sabrina Dunkin

Title: _____

Email _____

Email: Kyle_McWeeney@ajg.com

Or

Mail to:

Gallagher Special Risk
5071 West H Avenue
Kalamazoo, MI 49009-8501