
Accident Medical Protection For

Child Care Centers, Nursery Schools, Head Start Programs,
Montessori Schools and Private Schools grades K-8



MARKEL INSURANCE COMPANY

4600 Cox Road, Glen Allen, Virginia 23060-9817 P. O. Box 3870, Glen Allen, Virginia 23058-3870
(804) 527-2700 (800) 431-1270

The Market Insurance Program for child care is designed to provide valuable yet affordable coverage for the students of licensed child care centers, nursery schools, Head Start Programs, Montessori schools and private schools grades K-8.

The inclusion of Accident Medical coverage in your risk management plan provides you with two big pluses. One is its action as a buffer against large and costly liability suits. When a child sustains a simple injury where no real negligence is involved, parents are less inclined to bring suit against the center or school. The medical expenses are reimbursed to them quickly and efficiently.

What else? Not all child-care programs provide accident medical coverage. It's a "value-added" benefit and a good way to show parents what they get for their money by placing their child in your care.

THE BENEFITS

Accidental Death & Dismemberment (AD&D)

In the event of a serious injury which results in the death or dismemberment of a child, benefits will be paid in accordance with the following schedule:

Accidental Death..... The Principal Sum

Accidental Dismemberment

Loss of:

Both Hands or Both Feet
or Sight of Both Eyes..... The Principal Sum

One Hand and One Foot..... The Principal Sum

Either Hand or Foot and
Sight of One Eye..... The Principal Sum

Either Hand or Foot One-Half
The Principal Sum

Sight of One Eye..... One-Half
The Principal Sum

Accidental Death and Dismemberment Benefits Limitations

No coverage is afforded for a Loss caused in any way by:

1. bodily or mental infirmity or illness;
2. infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;

3. medical or surgical treatment; except for surgery which results from an accident;
4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;
5. war or act of war;
6. taking part in a riot or felony; this shall not include being a victim of a felony;
7. suicide; attempted suicide or intentional self-inflicted injury.



Accident Medical Expense

The Program pays usual and customary incurred expenses for necessary medical or surgical treatment, services or supplies. Expenses for injury to natural teeth are included in the Accident Medical Expense Benefit. For any one accident, covered expenses will be paid if they are incurred within 52 weeks of the date of accident.

Accident Medical Expense Benefit

When an Insured's injury requires:

- a. treatment by a Physician;
- b. Hospital services;
- c. services of a licensed practical nurse or RN;
- d. x-ray service;
- e. use of operating room, anesthesia (including the administration thereof), laboratory service;
- f. use of an ambulance;
- g. use of an Ambulatory Surgical Center or Ambulatory Medical Center;

- h. if ordered by a Physician, prescription medicines, drugs, or any other therapeutic services or supplies; or
- i. Home Health Care Expenses.

EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

1. Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;
2. Services normally provided without charge by you or your employees;
3. Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
4. Suicide, attempted suicide or intentionally self-inflicted injury;
5. Injury due to participation in a riot;
6. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident or sickness which results in trauma, infection or other diseases of the involved part;
7. Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
8. Injury or sickness resulting from any declared or undeclared war;
9. Injury or sickness while in the armed forces of any country. When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;
10. Injury or sickness covered by any workers' compensation or occupational disease law;
11. Treatment provided in a governmental hospital unless the Insured is legally obligated to pay such charges;
12. Infections except pyogenic or bacterial infections caused wholly by a covered injury or sickness;
13. Hernia, unless it results from a covered injury;
14. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;

15. Claims occurring while parachuting or hang gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
16. Pre-existing conditions.

Coverage is not afforded for staff of the insured center.

Claims Procedure

All claims under this Plan should be reported to the Administrator:

Markel Insurance Company
Accident Medical Claims Dept.
P.O. Box 2039
Glen Allen, VA 23058-2039

To facilitate prompt claims service, all claims should be reported within 60 days of the date of the Accident, or as soon as reasonably possible. We will provide you with the necessary claim forms, as well as answer any questions you might have.

Markel Insurance Company provides insurance for:

- Children's Camps and related youth Recreation Organizations
- Horse Owner's, Horse Farms, and other Agriculture exposures
- College Student and other Special Risk Accident and Health Plans
- Child Care Centers
- Health Clubs, Martial Arts Centers, Dance and Gymnastics Schools, and Family Entertainment Centers





MARKEL INSURANCE COMPANY

4600 Cox Road, Glen Allen, Virginia 23060-9817 P.O. Box 3870 Glen Allen, Virginia 23058-3870
(804) 527-2700 (800) 431-1270 Fax (804) 527-7966

Accident Medical Application

Child Care Centers, Nursery Schools, Head Start Programs,
Montessori Schools and Private Schools grades K-8

Proposed Policyholder Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Business Type Individual Corporation Partnership Other _____

Profit Nonprofit

Child Care Center no camp Child Care Center with camp Montessori Nursery School Head Start

Private School Other _____

Proposed Effective Date _____

Proposed Expiration Date _____

Plan Chosen Plan 1 (C1)

Plan 4 (C4)

Term of Coverage Annual Term

9-Month Term

Number of Insured Persons

Students under Age 7 _____ x _____ rate = \$ _____

Students Age 7 and over _____ x _____ rate = \$ _____

Total Number of Insureds _____ \$ _____

Total Premium
(\$250 Minimum Premium)

Premium & Loss History Past 3 Years:

Policy Year _____

Total Premium \$ _____ \$ _____ \$ _____

Total Incurred Claims \$ _____ \$ _____ \$ _____

Number of Claims _____

Name(s) of Insurance Carrier(s) _____

Check here if no prior coverage.

Coverage shall not be bound until the Company approves the applicant's completed application and full premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

FAIR CREDIT REPORT ACT NOTICE—An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics, and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

()

Applicant's Signature _____

Date _____

Phone Number _____

Producer's Name _____

Street Address _____

City _____

State _____

Zip _____

Phone Number () _____

Fax Number () _____

Accident Medical Protection For

Child Care Centers, Nursery Schools, Head Start Programs,
Montessori Schools and Private Schools grades K-8

Plan 1

Accidental Death & Dismemberment \$10,000
Accident Medical Expense \$12,500

<u>Plan</u>	<u>Annual Term</u>		<u>9-Month Term</u>	
C1	Under Age 7:	\$5.75	\$0 Deductible	\$4.20
	Age 7 & Over:	\$9.20		\$6.45

Plan 4

Accidental Death & Dismemberment \$10,000
Accident Medical Expense \$20,000

<u>Plan</u>	<u>Annual Term</u>		<u>9-Month Term</u>	
C4	Under Age 7:	\$5.90	\$0 Deductible	\$4.30
	Age 7 & Over:	\$9.45		\$6.70

Minimum Premium for Either Option: \$250.
(Rates Subject to Change)