



## Student Accident Insurance



**Marketing Agent:**

Bob McCloskey Insurance  
PO Box 511, 76 Main Street  
Matawan, NJ 07747  
(800) 445-3126



**Insurance Underwritten by:**

Berkley Life and Health Insurance Company,  
A+ rated by A.M. Best (Superior)

# STUDENT ACCIDENT AND HEALTH PROGRAMS

From the blackboard to the ball field, Berkley Accident and Health, LLC (Berkley A&H) through its licensed affiliated insurance companies, and Bob McCloskey Insurance Agency offer a broad range of accident products for public and private K-12 schools. We offer our clients:

**Program Flexibility:** We don't believe that "one size fits all". Each school is unique, and we design programs to deliver the right coverage for your school.

**Total Program Management:** From coverage consultations to claims administration, we work together to oversee your student accident program.

## Program Highlights

**General:** The policy will pay up to the maximum benefit chosen for an Injury sustained as a result of a covered Accident. The Accident must occur after the effective date of coverage. All charges must be Usual and Customary and Medically Necessary. Depending on the plan chosen, all Expenses must be incurred within 104 or 156 weeks after the Accident, with the exception of the Deferred Dental Treatment benefit. Benefits for any one Accident will not exceed the aggregate maximum in the schedule of benefits.

**Eligibility:** All registered students of the named insured for whom premium has been paid.

**School Time Coverage:** The school time plan provides coverage while an insured student is on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee; One-Day field trips and Religious Education. All interscholastic Sports are excluded, unless the applicable additional premium is paid.

**Around the Clock Coverage:** Applies 24 hours a day, whether school is in session or not. The insurance is provided from the effective date of the insured student's coverage to the termination date of the policy. All interscholastic Sports are excluded, unless the applicable additional premium is paid.

**Interscholastic Sports/Football:** Coverage is provided during Tryouts, Preseason Play, Practice, Regular and Post Season Play, and for travel to, during or after games and/or practice as a member of a group in transportation furnished or arranged by the school.

Interscholastic Senior High Football is included if provided for in the Enrollment Form and additional required premium paid

**Compulsory Student Plan:** This plan provides coverage while an insured student is on school premises during the days and months when school is in session; traveling directly to or from their residence and school in a vehicle supplied by the school; and participating in or attending activities sponsored solely by the school that are continuously supervised by a school official or employee; One-Day field trips and Religious Education.

This also includes school supplied and supervised travel directly to and from such sponsored activities; and school sponsored and supervised sports. The premium for this program is paid by the school or school district.

**Field Trip Coverage:** Covers all students for Accidents occurring while attending school sponsored and supervised one-day field trips, with Silver Plan benefits to a maximum of \$10,000 even when the student has not taken the voluntary insurance. Additional reporting and premium is required for overnight field trip coverage.

**Expanded Medical Benefit:** With the expanded medical coverage, the definition of "Accident" is expanded to include stress fractures, shin splints, heat stroke, sprains, tendonitis, bursitis, and injuries to joints and surrounding muscle/tissue that result from repetitive motion caused by practice or participation in a covered activity. This coverage will eliminate nearly all of the complaints and problems that occur with Accident claims.



Benefit	Gold Plan	Silver Plan	
		Voluntary	Sports & Compulsory
<b>Maximum Benefit</b>	\$1,000,000	\$500,000	\$1,000,000
Benefit Coverage Period	3 Years	2 Years	3 Years
Motor Vehicle Accidents	Usual & Customary	\$10,000	
<b>In-Patient Hospital Benefits</b>			
Hospital Room & Board Expense	Usual & Customary	\$500/Day	
Hospital Intensive Care Unit Expense	Usual & Customary	\$1,000/day, 5 day Maximum	
Ancillary Hospital Expense	Usual & Customary	\$500	
Physician Non-Surgical Expense In-Patient	Usual & Customary	Usual & Customary	
<b>Surgical Benefits</b>			
Physician Surgical Expense	Usual & Customary	Usual & Customary	
Assistant Surgeon Expense	Usual & Customary	25% of Physician Surgical Benefit	
Anesthetist or Anesthesiologist Expense	Usual & Customary	25% of Physician Surgical Benefit	
Outpatient Surgery Expenses	Usual & Customary	\$500	
<b>Medical Benefits</b>			
Outpatient Physician Expense	Usual & Customary	Usual & Customary	
Outpatient Consultant or Specialist Expense	Usual & Customary	Usual & Customary	
Outpatient Physiotherapy Expense	Usual & Customary to \$10,000 Maximum	Usual & Customary to \$2,000 Maximum	
Ambulance Expense	Usual & Customary	Usual & Customary	
Outpatient X-ray Expense	Usual & Customary	Usual & Customary	
Outpatient Laboratory Test Expense	Usual & Customary	Usual & Customary	
Outpatient Diagnostic Imaging Expense	Usual & Customary	\$500	
Outpatient Medical Emergency Care Expense	Usual & Customary	\$500	
Outpatient Prescription Drug Expense	Usual & Customary	Usual & Customary	
Registered Nurse Services	Usual & Customary	Usual & Customary	
Outpatient Rehabilitative Braces or Appliances	\$5,000	\$2,000	
Outpatient Dental Accident Expenses	\$50,000	\$500/Tooth	
Deferred Dental Treatment	When a dentist certifies that treatment will continue beyond the benefit period, an ADDITIONAL benefit of up to \$1,000 will be paid.		
Replacement of Eyeglasses, Hearing Aids, or Contact Lenses, if medical treatment is also received for the covered injury	\$500	\$500	

## Accidental Death & Dismemberment Benefit

If Injury to the Covered Person results in any of the Covered Losses shown below, within 180 days from the date of the Accident, the Company will pay the benefits shown below:

<b>Loss of:</b>	<b>Benefit:</b>
Life	\$10,000
One Member	\$25,000
Two or More Members	\$50,000

If multiple losses occur, only one Benefit, the largest, will be paid for all Covered Losses due to the same Covered Accident.

"Member" means Loss of Hand or Foot, Arm or Leg, Loss of Sight, Speech or Loss of Hearing. Loss of a member means complete severance through or above the wrist or ankle joint or the elbow or knee joint. Loss of sight means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. Loss of speech means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. Loss of hearing means permanent total deafness in both ears such that it cannot be corrected by any aid or device.

## Definitions

Under **Compulsory Coverage**, all students and athletes are covered and the premium is paid by the school.

Under **Sports Only Coverage**, all athletes are covered and the premium is paid by the school.

Under **Voluntary Coverage** all students must be given the opportunity to enroll and Premium is the responsibility of the student and/or their parent/legal guardian.

**ACCIDENT** means a sudden, unexpected event that results in Injury to the Covered Person

**COVERED LOSS or LOSSES** means an accidental death, dismemberment or other Injury covered under the Policy and shown on the Schedule of Covered Losses.

**INJURY** means bodily Injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose Injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

**USUAL AND CUSTOMARY CHARGES** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

## Exclusions

The Policy does not cover any loss resulting in whole or part from, or contributed to by any of the following:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
6. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. Participation in any motorized race or speed contest.
8. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to coverage Effective Date, unless We receive a written medical release from the Physician.
9. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery.
10. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
11. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
12. Hernia treatment whether or not caused by Covered Accident.
13. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline.

This provides an overview of the insurance coverage provided under the Policy. The coverage is governed by a policy of accident insurance underwritten by Berkley Life and Health Insurance Company under Blanket Policy AH51051. If there is a discrepancy between this brochure and the Blanket policy, the Policy language will govern. Benefits described in the Policy will be paid in accordance with any applicable state law.

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### Administered by Bob McCloskey Insurance

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### Underwritten by: Berkley Life and Health Insurance Company,

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