



## **Catastrophic Accident Medical Insurance for K-12 Students and Sports**

### **Product Description**

This policy is designed to provide benefits for medical costs and ancillary expenses associated with a catastrophic accident or injury.

### **Coverage**

- Catastrophic Accident Medical
- Catastrophic Extended Benefits Option

### **Plan Participant Options**

- Students and Sports: Includes students in school sponsored and supervised activities, including interscholastic and intramural sports and P.E. classes. Football is optional.
- Students without Sports: Excludes interscholastic sports, intramural sports, and P.E. classes.
- Sports Only: Includes interscholastic, intramural, and P.E. classes. Football is optional.
- Interscholastic Sports Only: Includes interscholastic sports participants only. Football is optional.

### **Catastrophic Accident Medical**

Policy Maximum	\$5,500,000
Benefit Period	10 years

### **Accident Medical Coverage**

Necessary medical expenses resulting from a covered accident.

Benefit Maximum	\$5,000,000
Extended Care Facility Maximum	\$500,000
Accident Medical Deductible	\$25,000
Deductible Establishment Period	2 years
Benefit Period	10 years
Excess Coverage	

### **Chiropractic Coverage**

Maximum Benefit per Calendar Year	\$5,000
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### **Treatment of Mental or Nervous Disorder Coverage**

Inpatient Maximum Benefit	50 days
Physicians Fees:	
Amount per Visit	\$75
Visits per Day	1
Visits per Calendar Year	50

**Accidental Death & Dismemberment Coverage**

Scheduled benefits for loss of life, limbs, or eyesight resulting from a covered accident.

Principal Sum	\$10,000
Loss Establishment Period	365 days

**Heart or Circulatory Death Benefit**

Principal Sum	\$10,000
Loss Establishment Period	24 hours

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**Catastrophic Extended Benefits Option**

This optional package of additional coverage is designed to provide ancillary benefits for covered accidents that result in disability or presumptive disability due to coma, paralysis, or traumatic brain injury.

Aggregate Maximum	\$500,000
Benefit Period	10 years

**Adjustment Expense**

For training a family member to perform rehabilitative or custodial functions for the care of the insured person; for travel by the insured's immediate family to the place of treatment; for lost earnings by the insured's parents or spouse.

Maximum Benefit	\$50,000
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**Family Counseling**

For the insured person or immediate family member.

Maximum Benefit	\$10,000
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**Adaptation Expense**

Medically necessary home or living adaptations, such as special vehicles or home modifications.

Maximum Benefit	\$100,000
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**Ancillary Illness or Injury Expense**

For injury or illness which occurs after the original covered incident.

Maximum Benefit	\$100,000 with \$5,000 deductible per illness/injury
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**Disability Benefit**

Total Disability	\$1,500 per month
Partial Disability	\$1,000 per month

**College Education**

Maximum Benefit	\$60,000
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**NOTE:** *This is intended as a brief description of coverage only. For a complete description, please refer to the policy.*

**Catastrophic Accident Medical Insurance**  
**Premium Rates Per Participant**  
**(\$5,000,000 Maximum, 10-Year Benefit Period)**

All States except CA, CT, FL, LA, MD, NY, TX

PLAN PARTICIPANTS	GRADE LEVEL	PLAN 1	PLAN 2	PLAN 3	PLAN 4
		Accident Medical	Accident Medical with Football	Accident Medical with Extended Benefits Option	Accident Medical Extended Benefits, and Football
<b>Students &amp; Sports</b> (Includes Interscholastic, Intramurals & P.E. Classes)	Elementary	\$0.85	\$0.90	\$1.10	\$1.15
	Middle or Jr. High	\$1.00	\$1.40	\$1.25	\$1.85
	Senior High	\$1.85	\$3.60	\$2.40	\$4.85
<b>Students without Sports</b>	Elementary	\$0.80	-	\$1.10	-
	Middle or Jr. High	\$0.85	-	\$1.15	-
	Senior High	\$0.90	-	\$1.25	-
<b>Sports Only</b> (Includes Interscholastic, Intramurals & P.E. Classes)	Elementary	-	-	-	-
	Middle or Jr. High	\$1.15	\$2.25	\$1.55	\$2.70
	Senior High	\$1.95	\$4.75	\$2.65	\$5.65
<b>Interscholastic Sports Only</b>	Elementary	-	-	-	-
	Middle or Jr. High	\$0.95	\$2.00	\$1.30	\$2.40
	Senior High	\$1.75	\$4.50	\$2.35	\$5.30
<b>Minimum Premium</b>		\$500	\$500	\$750	\$750

CA, CT, FL, LA, MD, NY, and TX

PLAN PARTICIPANTS	GRADE LEVEL	PLAN 1	PLAN 2	PLAN 3	PLAN 4
		Accident Medical	Accident Medical with Football	Accident Medical with Extended Benefits Option	Accident Medical Extended Benefits, and Football
<b>Students &amp; Sports</b> (Includes Interscholastic, Intramurals & P.E. Classes)	Elementary	\$1.06	\$1.13	\$1.38	\$1.44
	Middle or Jr. High	\$1.25	\$1.75	\$1.56	\$2.31
	Senior High	\$2.31	\$4.50	\$3.00	\$6.06
<b>Students without Sports</b>	Elementary	\$1.00	-	\$1.38	-
	Middle or Jr. High	\$1.06	-	\$1.44	-
	Senior High	\$1.13	-	\$1.56	-
<b>Sports Only</b> (Includes Interscholastic, Intramurals & P.E. Classes)	Elementary	-	-	-	-
	Middle or Jr. High	\$1.44	\$2.81	\$1.94	\$3.37
	Senior High	\$2.43	\$5.94	\$3.31	\$7.06
<b>Interscholastic Sports Only</b>	Elementary	-	-	-	-
	Middle or Jr. High	\$1.19	\$2.50	\$1.63	\$3.00
	Senior High	\$2.19	\$5.63	\$2.94	\$6.63
<b>Minimum Premium</b>		\$500	\$500	\$750	\$750

# About the Company

## Markel Insurance Company

4600 Cox Road  
Glen Allen, VA 23060

Toll-free: 800-431-1270      [www.markelinsurance.com](http://www.markelinsurance.com)  
Fax: 804-527-7915      [www.markelAH.com](http://www.markelAH.com)

**A.M. Best rating**      A Excellent, Category XIII

**2007 gross written premium**      \$233 million

Markel Insurance Company is a wholly owned subsidiary of Markel Corporation, and is licensed and admitted to underwrite property & casualty and accident & health insurance throughout the U.S.

For over 20 years, Markel's Accident and Health division has provided top-quality accident and health insurance for a variety of specialty markets, as well as liability coverage for amateur sports programs. Our business is built on partnerships; we practice honesty, integrity, and fair dealings in all of our relationships and seek partners who do the same. Our products are solid. Our underwriters and managers are not only accessible, but attentive – with the strong desire and flexibility to develop real solutions for our customers.

- K-12 Students and Sports
- College Students and Sports
- Catastrophic Student Accident
- Tuition Refund
- Amateur and Youth Sports (accident medical and liability)
- Special Risk Accident for Groups and Clubs
- Markel Basic Health for Employers with Uninsured Workers
- Short-Term Medical
- Medical Excess
- Employer Stop Loss



## Catastrophic Accident Medical Insurance 2008-2009 Application

*Note: This coverage is available only to policyholders who also buy basic accident insurance from Markel.*

**I. Policyholder Information:**

Name of Policyholder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**II. Effective Date of Policy:** \_\_\_\_\_

**III. Select the Plan Participants to be insured under this policy:**

- Students and Sports *(includes interscholastic, intramurals, P.E. classes, and all extracurricular policyholder-sponsored activities)*
- Students without Sports
- Sports Only *(includes interscholastic, intramurals, P.E. classes, and all extracurricular policyholder-sponsored activities)*
- Interscholastic Sports Only

**IV. Select the Coverage desired:**

- Catastrophic Accident Medical (Minimum Premium: \$500)
- Catastrophic Accident Medical with Football (Minimum Premium: \$500)
- Catastrophic Accident Medical with Extended Benefits Option (Minimum Premium: \$750)
- Catastrophic Accident Medical with Extended Benefits Option and Football (Minimum Premium: \$750)

**V. Premium Computation: See Premium Rate sheet for rate per participant.**

Grade Level	# of Participants	X	Rate per Participant	=	Premium
Elementary	_____	X	\$ _____	=	\$ _____
Middle / Jr. High	_____	X	\$ _____	=	\$ _____
Senior High	_____	X	\$ _____	=	\$ _____
<b>Total Premium</b>					\$ _____
<b>Minimum Premium if greater than calculated premium</b> <i>(from section IV above)</i>					\$ _____

(Continued)

**VI. Signature & Confirmation:**

**(Coverage is not bound until application is received and accepted by Markel)**

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct, and that no information which materially affects this insurance has been withheld.

**Fraud Warning:** 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 the person to criminal and (NY: substantial) civil penalties.

**Policyholder Representative**

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Agent**

Agency Name: \_\_\_\_\_

Printed Name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_