

# **K-12 Student and Athletic Accident Insurance**



**A-G Administrators, Inc.**

- **Sports Insurance Specialists**
- **Student Accident Insurance  
since 1983**



**Phone: (610) 933-0800  
[www.agadministrators.com](http://www.agadministrators.com)**

# A-G Administrators K-12 Student Accident Program

## A-G Administrators:

- **Sports Insurance Specialists**
- **Student Accident Insurance**
- **Since 1983**

All student and athlete injury claims are handled with personal attention and accountability. We take pride in giving you the service you need and deserve.

## Choose the Plan to Match your Needs:

Compare the 4 plans. Coverage can be on a compulsory or voluntary basis.

## Compulsory or Voluntary Coverage:

### Compulsory Coverage

Can be purchased by the school to cover all students during school time activities or just student athletes during covered sports activities...or both.

#### 1 School time accident medical coverage

Provides benefits for covered injuries sustained during the hours and days when school is in session and while insured students are attending or participating in school-sponsored and supervised activities on or off school premises.

- Participating in interscholastic sports, including interscholastic football, if elected
- Participating in summer recreational activities
- Traveling to and from school and other necessary travel

#### 2 Interscholastic Sports

Provides benefits for covered injuries sustained during tryouts, pre-season and post-season play, travel to and from games and/or practice.

### Voluntary Coverage

Is available to the student body and is paid for by each covered individual. Faculty coverage is also available.

#### 1 Full time 24 hour accident medical coverage

Provides benefits for covered injuries around the clock and throughout the year including weekends, vacations and summers.

#### 2 School time accident medical coverage

Provides benefits for covered injuries sustained during the hours and days when school is in session and while insureds are attending or participating in school sponsored and supervised activities on or off the school premises:

- Participating in summer recreational activities
- Traveling to and from school and other necessary travel
- Interscholastic sports (with or without football) can be elected

## Accidental Death/Dismemberment/Loss of Sight Benefits:

Included in all plans. If within one year of the date of the accident a covered injury results in any of the losses specified, we will pay these benefit amounts in addition to the medical expense benefits:

Loss of life . . . . .	\$10,000
Loss of both hands, both feet or loss of sight in both eyes . . . . .	\$20,000
Loss of one hand and one foot . . . . .	\$20,000
Loss of one hand and the sight of one eye . . . . .	\$20,000
Loss of one foot and the sight of one eye . . . . .	\$20,000
Loss of one hand or one foot or the sight in one eye. . . . .	\$10,000

## How Benefits are Paid:

Benefits can be paid on a **Full Excess, Primary Excess or Primary Basis**.

**Full Excess:** Benefits are paid for eligible medical expenses that are in excess of benefits paid to the insured by any other health care plan.

**Pennsylvania Primary Excess:** Benefits are paid for the first eligible medical expenses incurred up to \$100. Additional eligible expenses will be payable only when they exceed the amounts paid by any other health care plan. In the event no other health insurance exists, benefits will be payable on a primary basis.

**Primary Basis:** Benefits are paid for the first eligible medical expenses incurred regardless of any other health care plan the covered person may have.





# Up to \$5,000,000 in Catastrophic Accident Insurance for K-12 Students and Student Athletes!

## Choose The Plan That Suits Your Needs

### Interscholastic Athletics Coverage:

This plan covers all interscholastic athletic competitions which are officially authorized, sanctioned and scheduled by the participating school and governed by the rules and regulations of the appropriate state high school athletic/activities association, or related governing body. Also included are pre-competition activities and practice sessions which are authorized and supervised by the participating school. Your school has the choice to include or not include interscholastic football. With this plan, your school can help protect its participating student athletes, managers, trainers, cheerleaders and participants of other related activities from the high cost of catastrophic injuries.

### Student Coverage:

This plan covers intramural sports, physical education classes, regular school sessions, on and off campus group activities that are school sponsored and supervised, and travel directly to and from these activities. With this plan, your school can help protect its students participating in school sponsored and supervised activities other than interscholastic athletic competitions from the high cost of catastrophic injuries.

### Catastrophic Cash Benefit up to \$500,000 Per Covered Accident:

If a covered person suffers paralysis, coma, or brain death as a result of a covered accident, a catastrophic cash benefit will be paid in accordance with the option you select and in addition to the medical expense benefits.

#### Option A:

Up to a \$500,000 benefit: A lump-sum benefit of up to \$100,000 for any of the conditions in the Table of Losses. Thereafter, a yearly benefit of \$40,000 to be paid for up to ten years as long as the covered person remains paralyzed, in a coma or brain death has occurred.

#### Option B:

Up to \$250,000 benefit: A lump sum benefit of up to \$50,000 for any of the conditions in the Table of Losses. Thereafter, a yearly benefit of \$20,000 to be paid up to ten years, as long as the covered person remains paralyzed, in a coma, or brain death has occurred.



### Create Your Program:

Choose up to \$5,000,000 in excess accident medical expense benefit for covered accidental injuries with a ten year benefit period or \$1,000,000 with a lifetime benefit. K-12 catastrophic programs have a \$25,000 deductible. Benefits paid under the base plan are applied to the deductible of the catastrophic plan.

The first eligible expense must be incurred within 26 weeks of the date of the covered accident. The deductible must be satisfied within two years of the date of the accident. Once the deductible is satisfied, benefits will be payable for usual, reasonable and customary charges for eligible medical expenses in excess of those paid by any other health care plan up to the maximum benefit amount and benefit period chosen.

### Eligible Accident Medical Expenses:

- Hospital bills, including semi-private room and board
- Intensive care room and board charges
- Medical or surgical treatment by a licensed doctor including anesthesia
- X-rays and laboratory tests
- Outpatient charges for emergency room treatment
- Physiotherapy treatment during a hospital stay or on an outpatient basis

The covered person must be under the care of a doctor when the expenses are incurred. Eligible medical expenses are listed in the policy. For a copy of the policy, please contact A-G Administrators.

### Table Of Losses:

Brain Death or Coma	.....100% of option A or B
Paralysis of:	
Both Upper and Lower Limbs	.....100% of option A or B
Both Lower Limbs	.....100% of option A or B
One Lower and One Upper Limb	.....100% of option A or B
One Lower or One Upper Limb	......50% of option A or B

\*Note: Paralysis, coma or brain death must occur within 180 days from the date of the covered accident; must continue for six consecutive months; and must be diagnosed by a doctor to be complete and not reversible. Payment of this benefit is in addition to and without regard to other insurance.

## Exclusions:

Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; commission or attempt to commit a felony or an assault; commission of or active participation in a riot or insurrection; bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles; declared or undeclared war or act of war; flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline; travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; participation in any motorized race or contest of speed; an accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learners permit and the covered person is receiving instruction from a driver's education instructor; sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food; release of nuclear energy radiation, including sickness or disease resulting from such release; travel or activity outside the United States; the covered person being legally intoxicated as determined according to the laws of the jurisdiction in which the covered accident occurred; voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage; injuries compensable under workers' compensation law or any similar law; occupational injuries for which benefits are not paid under the workers' compensation law or any similar law; a cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a physician, while the covered person participates in a covered activity; operating any type of vehicle while under the influence of any alcohol or drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. For purposes of this exclusion, under the influence of alcohol, means intoxicated, as defined by the law of the state in which the accident occurred. In addition, benefits will not be paid for services or treatment rendered by any person who is employed or retained by the policyholder or living in the covered person's household or provided by a parent, sibling, spouse or child of either the covered person or the covered person's spouse; an injury resulting from participation in or practice in Interscholastic Sports, including travel to and from games and practice, unless specifically provided for in the policy.

## ACCIDENT MEDICAL LIMITATIONS AND EXCLUDED EXPENSES:

Cosmetic surgery, except for reconstructive surgery needed as the result of a covered injury; any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are deemed by us to be experimental or investigational and are not recognized and generally accepted medical practice in the United States; blood, blood plasma, or blood storage, except expenses by a hospital for processing or administration of blood; treatment in any Veteran's Administration, federal, or state facility, unless there is a legal obligation to pay; services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay; rest cures or custodial care; initial eyeglasses, contact lenses, or hearing aids, repair or replacement of existing dentures, partial dentures, braces or bridgework; personal services such as television and telephone or transportation; orthopedic appliances used mainly to protect an injury so that the covered person can take part in interscholastic sports; expenses payable by any automobile policy without regard to fault; services or treatment provided by an infirmary operated by the policyholder; treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.) and that are a normal foreseeable result of participation in the covered activity; treatment or service provided by a private duty nurse; repair or replacement of existing artificial limbs, eyes and larynx; treatment of hernia or any kind; charges for any article of clothing intended for use more than once.

## TERMS OF COVERAGE:

Benefits are payable for injuries which result directly and independently of all other causes, from a covered accident, while coverage is in effect, up to the plan maximum. The first eligible medical expense must be incurred within 90

days of the date of the covered accident. One or two year benefit period available on Compulsory plans; one year on all Voluntary plans.

**Eligibility** - All day students who attend Kindergarten, Elementary, Junior or Senior High School (public or private) are eligible for this coverage. Boarding students may purchase the 24-hour coverage. Faculty, administrative personnel and other school employees are eligible for coverage.

**Effective Date** - Coverage becomes effective on the date requested provided the premium and the enrollment form are received and accepted by United States Fire Insurance Company or A-G Administrators.

## General Definitions:

**Accident** - A sudden, unforeseeable external event which causes injury to one or more insured students and occurs during a covered activity while coverage is in effect. (In Missouri, Accident means a sudden unforeseeable event which causes injury to one or more insureds and occurs during a covered activity while coverage is in effect.)

**Health Care Plan** - Any contract, policy, or other arrangement, whether individually purchased or incidental to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A health care plan includes group, blanket, franchise, family or individual policies; subscriber contracts; uninsured agreements or arrangements; coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans; medical benefits provided by "fault" and "no-fault" -type contracts; medical benefits provided by any governmental plan or coverage or other benefit law, except a state-sponsored Medicaid plan; or a plan or law providing benefits only in excess of any private or non-governmental plan; other valid and collectible medical or health care benefits or services.

**Injury** - Bodily harm which results, directly and independently of all other causes, from an accident. All injuries sustained in one accident, including all related conditions and recurring symptoms of the injuries will be considered one injury. (In Florida, Injury means bodily harm from an accident which is the direct cause, independent of disease or bodily infirmity, of the covered loss.)

**School Travel** - Transportation on a school bus or private passenger automobile driven by a member of the faculty or staff of the school, a parent of the covered person, or other adult with a valid drivers' license whom the school has specifically designated to transport covered persons to a school supervised and sponsored activity.

**Usual, Reasonable and Customary** - All benefits will be based on the normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area for like services by a provider with similar training or experience; or for a supply that is identical or substantially equivalent. Where appropriate, Usual, Reasonable and Customary Charge will be based on a relative value schedule appropriate to the area and type of service provided.

This information is a brief description of the important benefits and features of the K-12 Accident Medical Insurance provided by United States Fire Insurance Company and Administrated by A-G Administrators. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions are set forth on policy form GAC26932.



**A-G Administrators, Inc.**

P.O. Box 979

Valley Forge, PA 19482

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Fax: (610) 935-2860

Email: info@agadm.com

**Claim forms available at [www.agadministrators.com](http://www.agadministrators.com)**



# K-12 Student / Athletic Accident Medical Expense Insurance Plans with No Deductibles



Coverage:	Plan 1.	Plan 2.	Plan 3.	Plan 4.
1. Compulsory	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000	\$10,000-\$1,000,000
2. Voluntary	N/A	N/A	\$250,000	\$250,000
Hospital Services:				
1. Daily Room & Board: Semi-Private	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Average Semi-private up to \$250 / day	Average Semi-private up to \$75 / day
2. Intensive Care Room & Board	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$350 / day for 7 days	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125 / day for 7 days
3. Miscellaneous Services when hospital confined or when surgery is performed	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$2500	100% of Usual, Reasonable and Customary Expenses Not to exceed \$1,000
4. Emergency Room (outpatient)	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$200	100% of Usual, Reasonable and Customary Expenses not to exceed \$100
Physician Services:				
1. Surgery, including pre- and post-operative care	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$150	100% of Usual, Reasonable and Customary Expenses, up to the value listed in the 1974 California Relative Value schedule multiplied by \$100
2. Anesthetic (including administration) and assistant surgeon	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	30% of surgery Benefit	20% of surgery Benefit
3. Physician Visits other than physiotherapy and similar treatment when no surgery benefit is paid	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	\$40 / first visit, \$20 / additional visits	\$25 / first visit, \$10 / additional visits
4. Consultants (when required by attending physician for confirming or determining a diagnosis, but not a treatment,) and second opinions	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses not to exceed \$100	100% of Usual, Reasonable and Customary Expenses not to exceed \$50
Laboratory & X-Ray Services:				
Including reading and interpretation *dental x-rays are payable under dental services benefits	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$300 maximum laboratory \$150	100% of Usual, Reasonable and Customary Expenses maximum x-ray \$150 maximum laboratory \$75
Additional Services:				
1. Physiotherapy or similar treatment -In hospital -Out of hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc. \$30 / visit Maximum 5 visits	Included in Hospital Misc. \$20 / visit Maximum 5 visits
2. Registered or Licensed Nurse	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
3. Ambulance to initial treatment facility	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
4. Medical Equipment Rental of crutches or wheelchair - In Hospital - Out of Hospital	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	Included in Hospital Misc.  100% of Usual and Customary Expenses Not to exceed \$250	Included in Hospital Misc.  100% of Usual and Customary Expenses Not to exceed \$50
5. Prescribed Drugs and Medicines	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
6. Glasses, contact lenses, hearing-aids: replacement when damaged in conjunction with a covered injury requiring medical treatment	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$125	100% of Usual, Reasonable and Customary Expenses Not to exceed \$25
Dental Services:				
Treatment, repair or replacement of injured natural teeth. Includes initial braces when required for treatment of a covered injury, as well as examination, x-rays, restorative treatment, endodontics, oral surgery, and treatment for gingivitis resulting from trauma.	100% of Usual, Reasonable and Customary Expenses	80% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses Not to exceed \$250/tooth	100% of Usual, Reasonable and Customary Expenses Not to exceed \$100/tooth

All benefits shown are maximum benefits payable per covered person as long as initial treatment is received within 90 days after the date of the covered accident. One or two year benefit payment available on Compulsory plans; one year benefit available on Voluntary plans. There is no sickness coverage provided under any of these plans.

# Voluntary Student Plans



Coverage:	Primary Excess (over \$100)	Primary
Coverage Including Sports Other than Senior High School Football	School time \$36 24-hour \$125	School time \$30 24-hour \$115
Coverage Excluding All Interscholastic Sports	School time \$28 24-hour \$124	School time \$22.50 24-hour \$90
Hospital Services:		
1. Daily Room & Board: Semi-Private Room Rate per day, maximum of	100% of Usual, Reasonable and Customary Expenses	\$300 per day
2. Miscellaneous Hospital Services: During hospital confinement, including X-rays	100% of Usual, Reasonable and Customary Expenses (not to exceed \$10,000)	100% of Usual, Reasonable and Customary Expenses (not to exceed \$3,000)
3. Intensive Care: When confined to a Hospital Intensive Care Unit, additional benefit provided in coverage No.1 not to exceed 10 days	100% of Usual, Reasonable and Customary Expenses	\$700 per day
4. Emergency Room Charges: When hospital confinement is not required, maximum of If out-patient surgery is required, the maximum is increased to (The benefits are payable in addition to the X-rays and surgeon's services shown below.)	\$500 \$2,500	\$400 \$1,500
Doctor's Services:		
1. Surgery, including pre- and post-operative care, Usual, Reasonable and Customary Expenses in accordance with the 1974 Revised California Relative Value Studies, 5th Addition, having a conversion factor of	100% of Usual, Reasonable and Customary Expenses	\$170 Unit Value
2. Anesthesia: Percentage of Surgical Allowance	45%	40%
3. Doctor's Visit other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
4. Non-Surgical doctor's charges in the emergency room	100% of Usual, Reasonable and Customary Expenses	\$70
5. Consulting Fee: When requested by the attending physician	100% of Usual, Reasonable and Customary Expenses	\$150
X-Ray Services:		
1. (Other than Dental and including fee for interpretation and/or reading of X-rays.) When not hospital confined, not to exceed the allowance under the 1974 Revised California Relative Value Studies, 5th Edition, using a conversion factor of	\$28 Unit Value	\$20 Unit Value
2. X-Ray Maximum, when no fracture is demonstrated	\$700	\$400
Additional Services		
1. Physiotherapy or similar treatment, including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	\$60 / Treatment (maximum \$720)	\$50 / Treatment (maximum \$500)
2. Registered Nurse: In or out of hospital	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
3. Ambulance Transportation: (Ground Only) To and from hospital, maximum of	100% of Usual, Reasonable and Customary Expenses	\$300
4. Orthopedic Appliances: When ordered by attending physician- in or out of hospital	\$700	\$500
5. Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% of Usual, Reasonable and Customary Expenses	100% of Usual, Reasonable and Customary Expenses
6. Dental* (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	\$300	\$200
7. Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	100% of Usual, Reasonable and Customary Expenses	\$100

Pennsylvania schools electing one of our programs will have automatic coverage for in state field trips shorter than 24 hours.

Coverage will be shown on the primary plan, up to \$2,500 per student. Coverage is also available for overnight or out of state field trips. Call A-G Administrators for a quotation.



## A-G ADMINISTRATORS, INC. AT-A-GLANCE

### Who We Are

A-G Administrators, Inc. is a national leader in the sports and student insurance industry.

#### Our focus:

- K-12, Collegiate, & Amateur Sports insurance
- Unsurpassed personal client attention & service
- Industry leader: generating savings on medical expenses
- Innovators: building sustainable sports insurance programs

#### Our products and services:

- K-12, Camp, Special Risk Insurance
- Intercollegiate Athletics Insurance
- Claims Administration Services
- Mandatory Student Accident Insurance
- Catastrophic Accident Insurance

### Who We Work With

We currently serve over 500 K-12, over 2,000 youth sports & special risk, and over 325 Colleges and Universities as the plan administrator, third-party claims administrator (TPA), managing general agent, and trusted advisor:

- K-12
  - Exclusively endorsed PSBA administrator
  - Small Private Schools
  - Entire school Districts
- Youth Sports & Special Risk
  - Camps & Clinics
  - Youth & Amateur leagues & organizations
- NCAA, NAIA, NJCAA
  - Small individual schools
  - Large State System Consortiums
    - California State University System
    - Texas A&M System
    - University System of Maryland

### How We Are Different

- Unique approach to claims discounting by contracting directly with many providers
- Industry leader in medical expense savings
- Direct contracting withstands the challenges presented by the Affordable Care Act
- Fully-electronic claims management system
- State-of-the-art claims administration application
- Superior reporting
- Unsurpassed personal client attention & service

### Company Background

- Family owned & operated since 1983
- Focused on sports insurance since our inception
- All claims managed in-house
- Dedicated customer service team
- Trusted advisors in the ever-changing sports insurance industry

### Contact Information

Located just west of Center City Philadelphia in King of Prussia, Pennsylvania

Web: [www.agadministrators.com](http://www.agadministrators.com)

Tel: (800) 634-8628

Fax: (610) 933-4122

Email: [info@agadm.com](mailto:info@agadm.com)

#### Mailing Address:

PO Box 979

Valley Forge, PA 19482

#### Physical Address:

860 First Ave, Suite #2

King of Prussia, PA 19406



**K-12 Student Accident  
and Athletic Insurance Request for Quote  
Underwritten by U.S. Fire Insurance Company**



**A-G Administrators, Inc.**  
P.O. Box 979 Valley Forge, PA 19482  
610-933-0800 Fax: 610-935-2860  
Info @ agadm.com www.agadministrators.com

**FOR A QUOTE, PLEASE RETURN TO A-G ADMINISTRATORS WITH CLAIMS EXPERIENCE OF PAST 4 YEARS.**

Participating School/District: \_\_\_\_\_

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

County: \_\_\_\_\_

# of Eligible Students: \_\_\_\_\_

Total # of Sr. High Schools: \_\_\_\_\_ Total # of Jr. High Schools: \_\_\_\_\_ Total # of Elem Schools: \_\_\_\_\_

Grades Covered: PreK-5: \_\_\_\_\_ Grades 6-8: \_\_\_\_\_ Grades 9-12: \_\_\_\_\_

**Interscholastic Sports Coverage**

*\$ 1,000,000 Maximum Benefit (Maximum \$ 25,000 when CAT is purchased)*

*Premium Paid by School*

*\$ 100 Primary Excess Plan (Benefits paid at usual, reasonable & customary rate)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> All Sports            | <input type="checkbox"/> Football Only       | <input type="checkbox"/> Intramurals & Gym |
| <input type="checkbox"/> Band and Cheerleaders | <input type="checkbox"/> Heart & Circulatory | <input type="checkbox"/> Expanded Medical  |
| <input type="checkbox"/> Other _____           |  |  |

**Note: Please complete Sports Census Questionnaire**

Voluntary Plan Attached to Interscholastic Sports Coverage. Please choose one:

- |  |
|--|
| <input type="checkbox"/> Primary Plan (scheduled benefits which could leave patient liability) |
| <input type="checkbox"/> Primary Excess Plan (pays 100% usual reasonable & customary)          |

**Compulsory Student Accident Coverage**

*Covers Entire Student Population*

*Premium Paid by School*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> All Sports                     | <input type="checkbox"/> Football Only   | <input type="checkbox"/> Heart & Circulatory |
| <input type="checkbox"/> All Sports other than Football | <input type="checkbox"/> Excludes Sports | <input type="checkbox"/> Expanded Medical    |

- |   |  |                                      |
|---|--|--------------------------------------|
| Benefit Period: <input type="checkbox"/> One Year | <input type="checkbox"/> Two Years       |                                      |
| <input type="checkbox"/> \$ 25,000 Limit          | <input type="checkbox"/> \$ 50,000 Limit | <input type="checkbox"/> Other _____ |

**Voluntary Student Accident Coverage**

*Maximum Benefit \$ 250,000*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Primary             | <input type="checkbox"/> \$100 Primary Excess (PA) | <input type="checkbox"/> Includes Sports Other Than Football |
| <input type="checkbox"/> Includes All Sports | <input type="checkbox"/> Excludes Sports           |  |

**Catastrophic Student Accident Coverage**

**Accident Medical Expense Benefits**

*Deductible \$ 25,000*

- |   |  |
|---|--|
| <input type="checkbox"/> \$ 1,000,000   | <input type="checkbox"/> 2 Year benefit period                               |
| <input type="checkbox"/> \$ 2,000,000   | <input type="checkbox"/> 10 Year benefit period                              |
| <input type="checkbox"/> \$ 5,000,000   | <input type="checkbox"/> Lifetime benefit (available with \$ 1,000,000 only) |
| <i>Optional Catastrophic Cash Benefits</i> <input type="checkbox"/> \$ 500,000 (reduces \$ 5,000,000 AME to \$ 4,500,000) |  |

School District Contact : \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_ Phone: \_\_\_\_\_





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P.O. Box 979 Valley Forge, PA 19482  
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E-mail: info@agadm.com www.agadministrators.com

## Sports Census Questionnaire

**School District Name:** \_\_\_\_\_

*Instructions: Please complete census and return to A-G Administrators via Fax, Mail or E-mail. Please estimate where appropriate. Please include claims experience for past 4 years to generate quote.*

Sport	# of participating Males			# of participating Females		
	Elementary	Middle/JR School	High School	Elementary	Middle/JR School	High School
Baseball						
Basketball						
Bowling						
Cross Country						
Field Hockey						
Football						
Football Spring						
Gymnastics						
Ice Hockey						
Lacrosse						
Skiing						
Soccer						
Softball						
Swimming/Diving						
Tennis						
Track						
Volleyball						
Weightlifting/Conditioning						
Wrestling						
Student Managers/Trainers						
Band						
Cheerleaders						
Intramurals						
Extra Curricular Activities						
Other Sports:						

Total # males: \_\_\_\_\_ Total # females: \_\_\_\_\_ Total # athletes: \_\_\_\_\_

Total band: \_\_\_\_\_ Total managers/ trainers: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_