

SSEI Insurance Agency USA
ACCIDENT MEDICAL MASTER INSURANCE APPLICATION

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder
(full legal name): Dudley-Charlton Regional School District
Street Address: 68 Dudley-Oxford Road
City: Dudley **State:** MA **Zip Code:** 01571
Policyholder's E-mail Address: _____ **Telephone Number:** (508) 943-6888
Grades Included: PK-12 **Estimated # of Students:** 3,800

Policy Number: KAMV-168000

VOLUNTARY STUDENT ACCIDENT COVERAGE	
Plan: II	
Effective Date: <u>August 29, 2023</u>	Accident Medical Benefit:
Termination Date: <u>August 28, 2024</u>	<input checked="" type="checkbox"/> Full Excess <input type="checkbox"/> Primary
<input type="checkbox"/> Includes Sports Other than Senior High School Football	Benefit Period: <u>2 (years)</u>
<input type="checkbox"/> Senior High School Football	Total Max for All Accident Medical Benefits: <u>\$1,000,000</u>
<input checked="" type="checkbox"/> Excludes Sports	<input checked="" type="checkbox"/> Extended Dental Rate: <u>\$8.00</u>
Accidental Death Principal Sum: <u>\$ 20,000</u>	<input checked="" type="checkbox"/> School Time Rate: <u>\$ 8.00</u>
	<input checked="" type="checkbox"/> 24-Hour Rate: <u>\$ 50.00</u>

Policy Number: KAMB-168000

COMPULSORY STUDENT ACCIDENT COVERAGE	
Plan:	
Effective Date:	Accident Medical Benefit:
Termination Date:	<input type="checkbox"/> Full Excess <input type="checkbox"/> Primary
<input type="checkbox"/> Includes Sports other than Senior High School Football	Benefit Period: _____ (years)
<input type="checkbox"/> Includes High School Sports and Football	Total Max for All Accident Medical Benefits: <u>\$</u>
Accidental Death Principal Sum: <u>\$</u>	Flat Rate: <u>\$</u>

OPTIONAL COVERAGES	
<input type="checkbox"/> Special Activities Coverage	<input checked="" type="checkbox"/> Felonious Assault and Violent Crime Benefit
<input checked="" type="checkbox"/> Non-Athletic Field Trip Coverage	<input type="checkbox"/>

MANDATORY INTERSCHOLASTIC SPORTS COVERAGE	
Plan: I	
Effective Date: <u>August 1, 2023</u>	Accident Medical Benefit:
Termination Date: <u>July 31, 2024</u>	<input checked="" type="checkbox"/> Full Excess
<input checked="" type="checkbox"/> Senior High School Football	<input checked="" type="checkbox"/> Expanded Sports Medical Coverage
<input checked="" type="checkbox"/> Junior High School Football	Benefit Period: <u>2 (years)</u>
<input checked="" type="checkbox"/> Band and Cheerleader	Total Max for All Accident Medical Benefits: <u>\$ 1,000,000</u>
<input checked="" type="checkbox"/> Senior High School Sports	
<input checked="" type="checkbox"/> Junior High School Sports	Flat Rate: <u>\$ 4,559.00</u>
Accidental Death Principal Sum: <u>\$ 20,000</u>	

AXIS INSURANCE COMPANY
(AN ILLINOIS COMPANY)

Notes:

The Sports coverage encompasses grades 5-12.

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

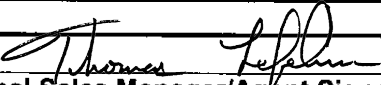
Please see attached Important Notice for state specific Fraud Warning Statement.


Authorized Signature of the Applicant

Richard Mathew
Printed Name of Applicant's Authorized Representative

Date: 6/2/23

Licensed Broker/Agent Signature	Printed/Typed Name of Agent/Broker
Address: _____	
City: _____	State: _____
Zip code: _____	
Telephone Number: _____	Federal I.D. Number: _____
License Number: _____	Date: _____

 Regional Sales Manager/Agent Signature	Lefebvre Insurance, LLC / Thomas Lefebvre Printed/Typed Name of Regional Sales Manager/Agent
Address: <u>901 Pleasant Street, #1413</u>	
City: <u>Attleboro</u>	State: <u>MA</u>
Zip code: <u>02703</u>	
Telephone Number: <u>(800) 451-9668</u>	Federal I.D. Number: <u>26-3134408</u>
License Number: <u>MA-1717514</u>	Date: <u>June 8, 2023</u>

Important Notice

In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Oregon: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: 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 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.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Pennsylvania: 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 such person to criminal and civil penalties.

For residents of Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Virginia: Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

