



Agenda Item Details

Meeting	May 25, 2023 - Board of Education Regular Meeting Agenda
Category	H. Superintendent's Report/Business Services
Subject	2. Student Accident Insurance
Access	Public
Type	Action (Consent)
Recommended Action	<p>Be it resolved upon the recommendation of the Superintendent that the Board of Education accepts the proposal of Guarantee Trust Life Insurance Company through Love Insurance Company as the Student Insurance Program for the Strongsville City Schools for the 2023-2024 school year.</p> <p>Be it further resolved upon the recommendation of the Superintendent that the following be adopted: All students participating in the interscholastic and intramural activities shall either purchase the appropriate insurance coverage or present a waiver signed by the parent/guardian. Such waiver shall release all in authority or in charge from any liability resulting from medical claims.</p>

Public Content

[K-12 Voluntary Application - GA-15-KV-OH - Fillable \(3\).pdf \(83 KB\)](#)

[GB-OH-23 Brochure.pdf \(858 KB\)](#)

Administrative Content

Motion & Voting

Motion to adopt the Consent Calendar.

Motion by Michelle Bissell, second by Sharon Kilbane.

Final Resolution: Motion Carried

Yes: Michelle Bissell, Sharon Kilbane, Richard Micko, Laura Wolfe-Housum, Hayley Stovcik

GUARANTEE TRUST LIFE INSURANCE COMPANY

Glenview, Illinois

Application For Blanket Student Accident Insurance

Name of

Policyholder: Strongsville City SchoolsAddress: 18199 Cook Ave.

Street

Strongsville

City

Ohio

State

44136

Zip

Cuyahoga

County

Junior/Middle High Schools consist of grades 6-8Senior High Schools consist of grades 9-12

Total District enrollment: _____

Please attach a list of all schools in the District.

Policy Number: 344-00P-434G☒ **STUDENT ACCIDENT COVERAGE**

Coverage shall become effective on the date that premium is received by the Company or its representative, but in no event prior to the first day of school, which is August 16, 2023. The termination date shall be May 24, 2024, which is the opening day of the following fall term of the Policyholder. Termination of each individual's insurance will be as outlined in the Master Policy.

For interscholastic sports which begin prior to the first day of school, coverage begins on the first day of the earliest practice, which is 8/1/23. Coverage for each individual sport terminates at the end of its season, as determined by the State High School Athletic Association.

☒ **FOOTBALL ONLY ACCIDENT COVERAGE**☒ **IN EFFECT**☐ **NOT IN EFFECT**

Interscholastic Football Only Accident Coverage becomes effective at 12:01 a.m. on 8/1/23 and expires at 11:59 p.m. on December 31st of the same year. Spring Practice begins on N/A. Each individual's football coverage shall become effective on the date the premium is paid, provided the Company receives the name and premium in an envelope postmarked not later than three days after coverage is to be effective. In the event that the name and premium are received at a later date, coverage shall be effective on the day after the date of postmark.

It is understood and agreed that Interscholastic Football Only Accident Coverage will be null and void unless Student Accident Coverage is offered by the school authorities to all students in all schools of the Policyholder.

The Student Accident Insurance Policy will cover those students who pay the required premium as shown below:					
COVERAGE	GRADES	PREMIUMS		COVERAGE	GRADES
		Low / High			
24-Hour	K-6	\$79	\$158	Football Only Per Player	10-12
	7-12	\$91	\$182		(Including grade
School-Time	K-6	\$23	\$46		9 if playing or
	7-12	\$37	\$74		practicing with grades 10-12)

It is agreed that any claim form presented by the Policyholder will certify that the claimant was actually injured while attending, playing, or practicing, or attending school as a student of the Policyholder.

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.

All documents that form our insurance relationship will be provided to you in electronic format, unless otherwise requested.

Authorized Signature: Date: 5/25/23Agent Signature: Date: 6/13/2023

Ship supplies to address below:

Street Address: PDF: cdaugherty@scsmustangs.orgPhone: 440-572-7050

City: _____ State: _____ Zip: _____

Attention: _____ Requested Date of Shipment: July 2023Please provide an email address to receive supplies electronically: cdaugherty@scsmustangs.org

GA-15-KV-OH