

COVERAGE AGREEMENT

2024/2025 ACADEMIC YEAR

THE TUITION REFUND PLAN

School Name: Delbarton School

Address: 230 Mendham Road, Morristown, NJ 07960

Attention of: Mr. Matt Davis, CFO

Phone: 973-538-3231 Email: mdavis@delbarton.org

Additional Contact: _____

Phone: _____ Email: _____

Enrollment #: 647 Leaflets #: 0 Letters #: _____ Other: _____

Special Instructions:

Participation: Optional (OPA) Policy #: TRP/WP 15252 School #: 2919

Cost Rate	1.2 %
Coverage	31R/75/75/60/75

Authorization in Contract: _____

Announcement Type: COC

State: NJ

STUDENT ACCIDENT PLAN

Leaflets #: _____ Letters #: _____ Cards #: _____ Coverage: _____

Coverage Accident Max: _____ Participation: _____ Policy #: AS

Term: _____ Coverage Effective Date: _____ Coverage End Date: _____

Premium per student September: _____ February to the end of the policy period: _____

Special Instructions:

The program(s) herein instituted is subject to the conditions listed on the second page of this form.

Broker: _____

Account Executive: Connor D. Dilworth

FOR A.W.G. DEWAR, INC.

FOR OFFICE USE ONLY

R	TRP % 0.2	WP % 1.0
ER: Yes		

MATERIALS ORDERED

Supply Order Date: _____ Order Completion Date: _____ Supply Ship Date: _____

Supplies Shipped: _____ Order Notes: _____

Additional Supplies: _____

CONDITIONS

The School wishes to offer the Tuition Refund Plan based on the parameters outlined on this Coverage Agreement. The policy identified in this Coverage Agreement may be subject to regulatory review and approval. Terms and conditions in the policy are subject to change based on such review. The School shall within 30 days after its opening date, remit to the Company a list of insured students desiring insurance coverage(s) (as indicated on the front of this Coverage Agreement) together with check covering the premiums which have been collected by the School.

Coverage effective date is August 1st of each academic year, unless otherwise noted.

If for any reason the School fails to remit to the Company, within 30 days after the opening date, all premiums collected by the School for such insurance(s), the School shall either directly notify the parents or legal guardians of the students that coverage will not be in effect, or provide a list of the names and addresses of such parents or legal guardians to A.W.G. Dewar, Inc., in order that Dewar may so notify them.

Cancellation provisions appearing in the insurance policy will be exercised under such conditions.

A.W.G. Dewar, Inc. and its appointed representatives represent member companies of the Intact Insurance Specialty Solutions and receives compensation from Intact in connection with placement of this business.

A.W.G. DEWAR, INC.

Accepted By:

School Official: _____

(Signature)

Date: _____