K-12 Voluntary Student Accident Insurance
up to $250,000

2026-2027

Administrative Office
A-G Specialty Insurance LLC
Berwyn, PA USA
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Plans are Underwritten by
United States Fire Insurance Company

FAIRMONT SPECIALTY
A member of the Crum & Forster Enterprise

K-12 Accident Insurance

Unexpected Accidents Can Happen

This brochure explains how you can help guard against certain unexpected events. Our plans are designed to help supplement any insurance you have by satisfying deductibles or co-insurance requirements, or limiting the possible financial impacts of an injury if you have no other insurance. Remember that the more active your child is, the more valuable this coverage can be.

Choose Your Coverage Plan

24 Hour Coverage (Accident Only) – This plan provides around the clock coverage to your child 24 Hours a day, while he or she is in school, at home or away. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the opening of the next school term. **Includes all interscholastic sports excluding senior high football.** ($150.00)

School Time Coverage (Accident Only) – This plan provides coverage to your child while he or she is on school premises, during school hours/days, attending school sponsored and supervised activities including travel directly without interruption between the student's residence and school/activity with transportation furnished by the school. Coverage is provided from the effective date of the insured student's coverage for which premium has been received by A-G to the end of the regular school term. **Includes all interscholastic sports excluding senior high football.** ($70.00)

Description of Benefits

Benefit	24 Hour Coverage/School Time Coverage
Benefits provided for all enrolled students of the policyholder including interscholastic sports other than senior high football for whom premium is paid	
Maximum Benefit:	$250,000
Deductible:	$0
Benefit Period:	52 Weeks
Hospital Services	
Daily Room & Board: Semi Private Room	100% UCR
Miscellaneous Hospital Services: During hospital confinement	100% UCR (not to exceed $10,000)
Intensive Care: When confined to a Hospital Intensive Care Unit	100% UCR
Emergency Room Charges: When hospital confinement is not required	$500 Maximum
Emergency Room Charges: 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.)	$2,500 Maximum
Physician Services	
Surgery: including pre and postoperative care	100% UCR
Anesthesia:	45% of the Surgery Benefit Paid
Assistant Surgeon:	100% UCR
Doctor's Visit: other than for Physiotherapy or similar treatment not payable in addition to Surgery Benefit	100% UCR
Non-Surgical doctor's charges in the emergency room	100% UCR
Second Surgical Opinion, Consultation and Specialists	100% UCR
Laboratory and X-Ray Services	
(Other than Dental and including fee for interpretation and/or reading of X-rays.)*	$28 Unit Value
Lab and X-Ray: (when no fracture is demonstrated)	$700 Maximum
Additional Services	
Physiotherapy or similar treatment: including Diatherm, Ultrasonic, Microtherm, Manipulation, Massage and Heat	$60/Visit up to 12 Visits Maximum of $720
Registered Nurse:	100% UCR
Ambulance Transportation: (Ground Only)	100% UCR
Orthopedic Appliances: When ordered by attending physician	$700 Maximum
Out-Patient Drugs and Medication: Administered in Doctor's office or by prescription	100% UCR
Dental (including X-rays): For treatment, repair or replacement of each injured tooth which was sound and natural at the time of injury	$300 per tooth
Eyeglasses, Contact Lenses: Replacement of broken glasses and/or frames, contact lenses, resulting from a covered injury	100% UCR
Accidental Death Benefit	$2,500
Accidental Dismemberment, Loss of Sight	$20,000
*** In accordance with the 1974 Revised California Relative Values Studies, 5th Addition, using a conversation factor**	

Policy Exclusions

Benefits will not be paid for a Covered Person's loss which:

(1) Is caused by or results from the Covered Person's own:
   (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
   (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
   (c) Commission or attempt to commit a felony;
   (d) Participation in a riot or insurrection;
   (e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or
   (f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;

(2) Is caused by or results from:
   (a) Declared or undeclared war or act of war;
   (b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces. (Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.);
   (c) Aviation, except as specifically provided in this Certificate;
   (d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.
   (e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
      (i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
      (ii) The Covered Person was within a 25-mile radius of the site of the release either:
         1) At the time of the release; or
         1) Within 24 Hours of the start of the release.

Benefits will not be paid for:

1. Normal health check ups
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a doctor, nurse or any other person who is:
   a. Employed or retained by the Certificateholder; or
   b. Who is the Covered Person or a member of his immediate family;
4. Charges which:
   a. The Covered Person would not have to pay if he did not have insurance; or
   b. Are in excess of Usual, Reasonable and Customary charges.
5. An Injury that is caused by flight in:
   a. An aircraft, except as a fare-paying passenger;
   b. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
   c. An ultra light, hang-gliding, parachuting or bungi-cord jumping;
6. Travel in or upon:
   a. A snowmobile;
   b. Any two or three wheeled motor vehicle;
   c. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;

8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
9. Injury that is: a. The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
    a. Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor;
10. Any sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food;
11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
12. Practice or play in any sports activity, including travel to and from the activity and practice, unless specifically provided for in this Certificate;
13. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
14. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
15. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
16. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, we will refund the unearned pro rata premium upon request;
17. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
18. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
19. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
20. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
21. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
22. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
23. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
24. Services and supplies furnished by a Student Infirmary, its employees, or doctors who work for the School;
25. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits; or
26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound.
27. Rest cures or custodial care;
28. Prescription medicines unless specifically provided for under the Certificate:
29. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;

How to Enroll

1. Determine which plan of coverage you would like to enroll your child in – 24 Hour Coverage or School Time Coverage
2. Fill out the Enrollment Form below, enclose a check or money order in an envelope payable to the Company for the correct amount and mail to A-G Specialty Insurance LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936
3. Make Checks Payable to UNITED STATES FIRE INSURANCE COMPANY c/o A-G Specialty Insurance LLC
4. Return by mail to A-G Specialty Insurance LLC. Your cancelled check or money order stub will be your receipt and confirmation of payment. Please write student's name and school name on your check.

INDIVIDUAL VOLUNTARY STUDENT ENROLLMENT FORM
UNITED STATES FIRE INSURANCE COMPANY
STUDENT ACCIDENT COVERAGE

STUDENT'S LAST NAME (one letter per box)

STUDENTS FIRST NAME

Age: _____ Grade: _____ Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address _____

City _____ State_____ Zip _____

Name of School _____

School District _____

X _____ Date: _____
Signature of Parent or Guardian (Required)

Individual Voluntary Student Accident Plans

24 HOUR COVERAGE

☐ **$150.00 per student**

SCHOOL TIME COVERAGE

☐ **$70.00 per student**

Period of Coverage

Persons applying for coverage shall be covered as of the date premium receipt, but in no event prior to the opening of school activities. Coverage ends at the close of the regular school term, except under 24 Hour Coverage, which continues until school reopens for the fall term. You may enroll at any time, but premiums will not be prorated.

Questions and Answers

Q. Is this Policy primary or secondary coverage?

A. This policy is Primary Excess – meaning A-G will pay the first $100 in valid medical expenses payable without regard to any other valid and collectible insurance plan. Once expenses have exceeded $100, A-G will make payments in excess of any other valid and collectible insurance.

Q. May we purchase the policy at any time during the year?

A. Yes, coverage may be purchased at any point in time during the school year for your child. However, there is no pro-rating of premium for enrollment that occurs after the policy effective date. The earlier you enroll the more your child will maximize their coverage.

Q. Will this policy pay if our other insurance has a deductible?

A. Yes, this policy does not have deductible. You should submit expenses in excess of $100 to your other insurance carriers and forward a copy of the itemized bill and explanation of benefits showing the amount of the deductible.

How to File a Claim

1. Obtain an accident claim form through your school office or A-G Specialty Insurance LLC. Please answer all questions and provide all necessary signatures.
2. Attach all itemized bill(s) and any explanation of benefits to the claim form and mail or fax to the Administrator's Address indicated on the claim form.
3. Claims for benefits must be filed within 90 days from the date of accident. Only one claim form is needed per accident.

Important Note

This brochure is a summary of the insurance plan as specified in the policy form (GA26932-002) on file with the School. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. This coverage may not be available in all states and Policy terms and conditions may vary by state. In the event of a discrepancy, the Policy with prevail.