



## ACCIDENT MEDICAL PROTECTION FOR Child Care Centers, Nursery Schools, Head Start Programs and Montessori Schools

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-431-1270 Fax: 804-527-7966

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The Markel Insurance Program for child care is designed to provide valuable yet affordable coverage for the students of licensed child care centers, nursery schools, Head Start Programs, Montessori schools and private schools grades K-8.

The inclusion of Accident Medical coverage in your risk management plan provides you with two big pluses. One is its action as a buffer against large and costly liability suits. When a child sustains a simple injury where no real negligence is involved, parents are less inclined to bring suit against the center or school. The medical expenses are reimbursed to them quickly and efficiently.

What else? Not all child-care programs provide accident medical coverage. It's a "value-added" benefit and a good way to show parents what they get for their money by placing their child in your care.

### THE BENEFITS

#### Accidental Death & Dismemberment (AD&D)

In the event of a serious injury which results in the death or dismemberment of a child, benefits will be paid in accordance with the following schedule:

- Accidental Death.....The Principal Sum

#### Accidental Dismemberment

Loss of:

- Both Hands or Both Feet or Sight of Both Eyes.....The Principal Sum
- One Hand and One Foot .....The Principal Sum
- Either Hand or Foot and Sight of One Eye.....The Principal Sum
- Either Hand or Foot .....One-Half The Principal Sum
- Sight of One Eye.....One-Half The Principal Sum

#### Accidental Death and Dismemberment Benefits Limitations

No coverage is afforded for a Loss caused in any way by:

1. bodily or mental infirmity or illness;
2. infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
3. medical or surgical treatment; except for surgery which results from an accident;
4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;
5. war or act of war;
6. taking part in a riot or felony; this shall not include being a victim of a felony;
7. suicide; attempted suicide or intentional self-inflicted injury.

#### Accident Medical Expense

The Program pays usual and customary incurred expenses for necessary medical or surgical treatment, services or supplies. Expenses for injury to natural teeth are included in the Accident Medical Expense Benefit. For any one accident, covered expenses will be paid if they are incurred within 52 weeks of the date of accident.

## Accident Medical Expense Benefit

When an Insured's injury requires:

- a. treatment by a Physician;
- b. Hospital services;
- c. services of a licensed practical nurse or RN;
- d. x-ray service;
- e. use of operating room, anesthesia (including the administration thereof), laboratory service;
- f. use of an ambulance;
- g. use of an Ambulatory Surgical Center or Ambulatory Medical Center;
- h. if ordered by a Physician, prescription medicines, drugs, or any other therapeutic services or supplies; or
- i. Home Health Care Expenses.

## EXCLUSIONS

The Policy does not cover Loss nor provide benefits for:

1. Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;
2. Services normally provided without charge by you or your employees;
3. Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
4. Suicide, attempted suicide or intentionally self-inflicted injury;
5. Injury due to participation in a riot;
6. Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident or sickness which results in trauma, infection or other diseases of the involved part;
7. Loss resulting from air travel, except as a farepaying passenger on a commercial airline;
8. Injury or sickness resulting from any declared or undeclared war;
9. Injury or sickness while in the armed forces of any country. When an Insured enters such armed forces, we will refund the unearned pro rata premium to the Insured;
10. Injury or sickness covered by any workers' compensation or occupational disease law;
11. Treatment provided in a governmental hospital unless the Insured is legally obligated to pay such charges;
12. Infections except pyogenic or bacterial infections caused wholly by a covered injury or sickness;
13. Hernia, unless it results from a covered injury;
14. The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
15. Claims occurring while parachuting or hang gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
16. Pre-existing conditions.

Coverage is not afforded for staff of the insured center.



**MARKEL  
INSURANCE  
COMPANY**

## **CLAIMS PROCEDURE**

All claims under this Plan should be reported to the Administrator:

**Markel Insurance Company  
Accident Medical Claims Dept.  
P.O. Box 2039  
Glen Allen, VA 23058-2039**

To facilitate prompt claims service, all claims should be reported within 60 days of the date of the Accident, or as soon as reasonably possible. We will provide you with the necessary claim forms, as well as answer any questions you might have.

Markel Insurance Company provides insurance for:

- Children's Camps and related youth Recreation Organizations
- Horse Owner's, Horse Farms, and other Agriculture exposures
- College Student and other Special Risk Accident and Health Plans
- Child Care Centers
- Health Clubs, Martial Arts Centers, Dance and Gymnastics Schools, and Family Entertainment Centers



**MARKEL  
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**ACCIDENT MEDICAL APPLICATION**  
Child Care Centers, Nursery Schools, Head Start Programs  
and Montessori Schools

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-431-1270 Fax: 804-527-7966

Proposed Policyholder Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Business Type:  Individual  Corporation  Partnership  Other \_\_\_\_\_

Profit  Nonprofit

Child Care Center no camp  Child Care Center with camp  Montessori q Nursery School  Head Start

Other \_\_\_\_\_

Proposed Effective Date \_\_\_\_\_ Proposed Expiration Date \_\_\_\_\_

Plan Chosen:  Plan 1 (C1)  
 Plan 4 (C4)

Term of Coverage:  Annual Term  9-Month Term

Number of Insured Persons:

Students under Age 7 \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_ rate

Students Age 7 and over \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_ rate

Total Number of Insureds \_\_\_\_\_ \$ \_\_\_\_\_

Total Premium  
(\$350 Minimum Earned Premium)

**Premium & Loss History Past 3 Years:**

Policy Year	_____	_____	_____
Total Premium	\$ _____	\$ _____	\$ _____
Total Incurred Claims	\$ _____	\$ _____	\$ _____
Number of Claims	_____	_____	_____
Name(s) of Insurance Carrier(s)	_____	_____	_____

Check here if no prior coverage.

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_



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**Plan 1**

Accidental Death & Dismemberment \$10,000  
Accident Medical Expense \$12,500

Plan		Annual Term		9-Month Term
C1	Under Age 7:	\$5.75	\$0 Deductible	\$4.20
	Age 7 & Over:	\$9.20		\$6.45

**Plan 4**

Accidental Death & Dismemberment \$10,000  
Accident Medical Expense \$20,000

Plan		Annual Term		9-Month Term
C4	Under Age 7:	\$5.90	\$0 Deductible	\$4.30
	Age 7 & Over:	\$9.45		\$6.70

Minimum Earned Premium for Either Option: \$350.  
(Rates Subject to Change)