



CHILD CARE PARTICIPANT ACCIDENT INSURANCE



A Member of the Tokio Marine Group

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CHILD CARE, PRESCHOOL, AND HEAD START PARTICIPANT ACCIDENT INSURANCE

No matter how safe an environment you provide, accidents will happen. Philadelphia Insurance Companies Accident Insurance puts you in a better position to avoid lawsuits and protect each child when accidental injuries occur during supervised and sponsored activities including group travel.

- \$100,000 Accident Medical Expense benefit
- \$50,000 Total Paralysis benefit
- \$50,000 Accidental Dismemberment benefit
- \$25,000 Accidental Death benefit
- \$10,000 Crisis Death benefit

Accident Medical Expense Benefits

Payable services and supplies prescribed by a physician for injuries sustained in a covered accident include:

- Hospital bills, including room and board
- Emergency room and outpatient treatment
- Medical or surgical treatment by a licensed doctor
- Prescription drugs and medicines
- Services of a licensed or graduate nurse
- Dental care for injury to sound and natural teeth
- Ambulance expenses from the covered accident site to the hospital

Accident Benefits

Benefits are payable for injuries that result - directly and independently of all other causes - from a covered accident, while coverage is in effect, up to the maximum benefits stated.

\$100,000 per person per accident: With either option, up to \$100,000 will be paid for eligible medical expenses. The first eligible expense must be incurred within 180 days after the date of the covered accident. Eligible accident medical expenses must be incurred within one year of the covered accident.

Choice of Primary or Full Excess Options

Primary Option: Accident Medical Expense benefits will pay eligible medical expenses regardless of any other health insurance the covered person has.

Full Excess Option: Claimants are reimbursed for eligible expenses that are not payable by any other valid and collectible insurance in the possession of the claimant. If a claimant is not covered by any other valid and collectible insurance, then the accident insurance policy becomes the claimant's primary insurance coverage. When a claimant has other coverage (e.g. coverage through a parent's employer-employee policy), then the accident policy will reimburse the claimant for eligible expenses not payable by the primary policy. Examples of out-of-pocket expenses not covered by the primary policy include: deductibles, co-pays, coinsurance, and expenses excluded by the primary policy, but covered by the accident policy.

Policies Include Accidental Death, Dismemberment, and Paralysis (Plegia) Benefits

If within one year from the date of a covered accident a covered person suffers any of the losses specified, we will pay a benefit for one of the conditions listed below. If the same accident causes more than one of these losses, we will pay the largest amount that applies.

- Loss of Life
- Total paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body
- Loss of any combination of two: hands, feet, eyesight, speech, and hearing
- Loss of one hand, one foot, sight in one eye, speech, or hearing
- Loss of thumb and index finger of same hand

How to Bind Coverage Now

- Complete the form at the end of this brochure
 - E-mail or mail your completed Participant Accident Insurance Form
E-mail: AH@phly.com
Mail: Philadelphia Insurance Company
500 Mamaroneck Ave, Suite #402
Harrison, NY 10528
- Questions? Call 800.734.9326

Crisis Death Benefit

Benefits are payable, subject to all applicable conditions and exclusions, if the Covered Person's death results, directly and independently of all other causes, from another person's use of a gun or a knife to commit an act of violence while insurance under this Policy is in effect. Such an act of violence must occur on School premises during Normal School Hours or during a Covered Activity.

For purposes of this benefit: Normal School Hours means a scheduled period of instruction beginning one half hour before the first scheduled period of instruction of the day begins and ending one half hour after the last scheduled period of instruction of the day ends. If the Covered Person is serving a detention after Normal School Hours, the period is extended until one half hour after the end of the period of detention for that day.

Benefits will not be payable if: The act of violence occurs while the Covered Person is traveling to and from School, or to and from a Covered Activity or the act of violence is committed by a parent or sibling.

General Definitions

Benefit Percentage - means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.

Covered Accident - means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. Occurs while the Covered Person is insured under this Policy;
2. Is not contributed to by: disease, sickness, or mental or bodily infirmity, and
3. Is not otherwise excluded under the terms of this Policy.

Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any treatment, but not more than the prevailing charge in the area:

1. For a like service by a provider with similar training or experience; or
2. For a supply that is identical or substantially equivalent.

Covered Expenses - means the lesser of the usual and customary charge and the maximum benefit shown, for services or supplies listed, in the Schedule of Benefits and described in the Accident Medical Expense Benefits section of this Policy. Covered Expenses must be Incurred by a Covered Person for treatment for injuries sustained in a Covered Accident.

Coverage will become effective on the date requested, provided the application is received and accepted by Philadelphia Insurance Companies. Coverage is paid for by the policyholder. 100% participation is required.

Important Notice: This information is a brief description of the important benefits and features of the Blanket Accident Medical Insurance (Form# PI-AH-BL-001) underwritten by Philadelphia Indemnity Insurance Company. It is not a contract. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth on your policy form. Any policy Philadelphia Indemnity Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued. Philadelphia Indemnity Insurance Company may (1) not be able to offer this coverage in all states and (2) elect at its sole discretion not to offer or quote any specific benefit amount or risk. Please contact Philadelphia Insurance Companies at AH@phly.com or 800.734.9326 to confirm product availability.

Child Care, Preschool, and Head Start

Annual Rates Per Participant

This policy is available for customers with up to 750 participants. Please contact the Program Administrator if the customer has more than 750 participants.

Primary Policy	\$8.22*
Full Excess Policy	\$4.11*
Minimum Premium	\$300.00

* Different rates apply in the following states: CO, FL, MD, NY, SC, VT & WA

Accident Medical Benefit Limitations and Excluded Expenses*

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma, or blood storage except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. Cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. Reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine: treatment, surgery, health treatment, or examinations; including any service, treatment or supplies that are (a) deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Treatment in any Veterans' Administration, Federal, or state facility unless there is a legal obligation to pay.
5. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
6. Rest cures or custodial care.
7. Repair or replacement of: existing dentures, partial dentures, braces, or bridgework.
8. Personal services such as television and telephone, or transportation.
9. Expenses payable by any automobile insurance policy without regard to fault.
10. Services or treatment provided by an infirmary operated by the Policyholder.
11. Treatment of injuries that result over a period of time, such as blisters, tennis elbow, et al, that are a normal, foreseeable result of participation in the Covered Activity.
12. Treatment or service provided by a private duty nurse.
13. Repair or replacement of existing artificial limbs, eyes, and larynx.
14. Treatment of hernia of any kind.
15. Treatment of injury resulting from a condition that a Covered Person knew existed on the date of a Covered Accident, unless we have received a written medical release from their Physician.

Additional Exclusions and Limitations*

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide, or any attempt thereat while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Bungee jumping, parachuting, skydiving, parasailing, or hang-gliding;
5. Declared or undeclared war or act of war;
6. Flight in, boarding, or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Travel in or on any off-road motorized vehicle except a golf cart or any other vehicle We specifically agree to cover not requiring licensing as a motor vehicle;
8. Participation in any motorized race or contest of speed;
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program;

*Exclusions and limitations vary by state. Please request a sample policy for a complete list of exclusions and limitations in your state.



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Additional Exclusions and Limitations*

10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Travel or activity outside the United States, Canada, or Mexico;
12. Travel in any Aircraft owned, leased, or controlled by the Policyholder or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
13. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. Voluntary ingestion of any: narcotic, drug, poison, gas, or fumes; unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. Injuries compensable under Workers' Compensation law or any similar law;
16. Services or treatment rendered by a Physician, Nurse, or any other person who is:
 - a. Employed or retained by the Policyholder;
 - b. Providing homeopathic, aroma-therapeutic, or herbal therapeutic services;
 - c. Living in the Covered Person's household;
 - d. Who is a parent, sibling, spouse, or child of the Covered Person;
17. Any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.
18. A Covered Person's Covered Loss if:
 - a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and
 - b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

*Exclusions and limitations vary by state. Please request a sample policy for a complete list of exclusions and limitations in your state.



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Program Highlights

Accident Medical Expense Benefit Maximum - \$100,000 for U&C expenses
 Deductible - \$0
 Benefit Period - 52 weeks
 Policy Type - Primary or Full Excess

Accidental Death Benefit - \$25,000
 Accidental Dismemberment Benefit Maximum - \$50,000
 Accidental Paralysis Benefit Maximum - \$50,000
 Crisis Death Benefit - \$10,000
 AD&D, Paralysis, and Crisis Death Aggregate, - \$500,000 per Accident

Customer Information

Name of Customer
 Phone Number
 Address
 City, State, Zip

Contact
 E-mail Address

Agent Information

Agency
 Phone Number
 Address
 City, State, Zip

Agency Contact Name
 E-mail Address
 PHLI Producer Number

Participant Information

Requested effective date
 Do you currently have accident coverage?

Number of enrolled participants
 Yes No

If yes, provide a copy of your current policy's schedule page along with the last 3 years of premium and loss history.

Policy Type and Total Annual Premium

(Choose Primary or Full Excess and fill in the number of participants to determine premium due)

	Number Participants	Premium Amount	Total Premium
Primary Policy		X \$8.22 per participant =	\$
Full Excess Policy		X \$4.11 per participant =	\$

Full Excess Coverage is not available in South Dakota. Different rates apply in the following states: CO, FL, MD, NY, SC, VT & WA.

Minimum Premium is \$300. Minimum only applies if the rate times the number of participants is less than \$300. Minimum Policy Premium is fully earned and non-refundable. This program is available for customers with up to 750 participants. Please e-mail info@ajfusa.com for a quote if the customer has more than 750 participants.

Signature

I have read the Accident Insurance Program brochure. The information on this form is true and complete to the best of my knowledge. I understand that coverage will not go into effect until this form is received and accepted by underwriting.

Form completed by _____
 Signature _____
 Date _____

Title

To obtain coverage, please return form to: AH@phly.com

Philadelphia Insurance Company
 500 Mamaroneck Ave, Suite #402, Harrison, NY 10528
 Phone: 800.734.9326

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