Special Risk
ACCIDENT POLICY

Fidelity Security Life Insurance Company
KA-102
KA-103

Mail with your check or money order made payable to Forrest T. Jones & Co., Inc. to:

Group Insurance Administrative Office
ATTN: Property/Casualty Department
3130 Broadway • PO Box 418131
Kansas City, MO 64141-9131
Any questions? Call: (800) 821-7303

APPLICATION FOR INSURANCE

1

Name of Center ______________________________

Contact Name ______________________ Telephone ( ) ______________

Address ______________________________

City/State/Zip ______________________________

2

Desired Effective Date From: ______________ To: ______________

3

Are teachers and supervisors to be covered? ☐ Yes ☐ No

4

Is the institution for which coverage is being applied accredited by the National Association for the Education of Young Children (NAEYC)? ☐ Yes ☐ No

IF YES, please give the NAEYC Academy Program Code No. ______________

5

Please complete the following if any student was required to have any emergency medical treatment as a result of an accident while under the supervision of your center within the past three years.

YEAR	NUMBER OF ACCIDENTS	TOTAL AMOUNT OF MEDICAL EXPENSES

6

Has any child died of accidental causes while under the supervision of your center? ☐ Yes ☐ No

If yes, provide details.

____

____

7

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I hereby certify that the number of insured persons shown on the reverse is accurate according to the information and records of the participating group and that all students being insured and premium paid accordingly.

Signature ✗ ______________________ **Date** ______________

Title ______________________________

Premium Enclosed (Please calculate using worksheet on reverse side.) $ ______________

TO APPLY FOR THE SPECIAL RISK ACCIDENT POLICY:

1. Choose your coverage option and calculate your premium using the worksheet below.
2. Provide a list of the students' names and ages (and all teachers and supervisors if benefit selected).
3. Provide a copy of your licensing certificate (if applicable).
4. Mail all items and your check in the enclosed envelope to: →

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CHOOSE YOUR COVERAGE OPTION:

FULL-DAY: ☐ 9-month ☐ 12-month ☐ 3-month Summer-only programs (June, July, & August)

☐ PRIMARY PLAN pays benefit first (before other insurance plans).

☐ EXCESS PLAN pays benefit after other medical plans.

HALF-DAY: (includes before-and-after school care) ☐ 12-month ☐ 9-month school term only programs.

If center has both full-day and half-day programs, full-day must be selected.

☐ EXCESS PLAN available only

CHOOSE YOUR DEDUCTIBLE:

☐ $0 ☐ $100

CALCULATE YOUR PREMIUM:

Total Number of Students, Teachers and Supervisors		Premium Amount from Table Below		Total Amount Due (if NAEYC-accredited, reduced total by 10%)
________________	X	________________	=	________________

PREMIUMS PER COVERAGE PERIOD

	Full-Day				Half-Day**
Deductible	$0		$100		$0
Coverage Type	Primary	Excess	Primary	Excess	Excess Only
12-Month Plan All Students, Teachers and Supervisors	$10.40	$4.25	$8.70	$3.50	$3.00
9-Month Plan (for 9-month school term only) All Students, Teachers and Supervisors	$7.60	$3.10	$6.40	$2.50	$2.20
3-Month Plan (summer only)◆ All Students, Teachers and Supervisors	$4.05	$1.65	$3.40	$1.35	Not available

Minimum premium for the Primary Plan is $250: Minimum premium for the Excess Plan is $150.
Special note: *Premiums are per covered person. The coverage period is for the term selected.*

** If center conducts both full- and half-day programs, calculate as full-day.
◆ Summer only plan coverage for June, July and August.

10% premium discounts for NAEYC-accredited centers!