Individual Athlete’s Accident Coverage

Purpose: to cover accident medical expenses on a primary basis for athletes who do not have their own insurance.

Accident Medical Benefits:
- Deductible: $0
- Limit: $5,000
- Coinsurance: 100%
- Benefit Period: 2 Years

Carrier: Hartford Life Insurance Co. “A+” Rated by A.M. Best

Covered event defined the same as in Hartford’s athletic accident excess policy. Play, Practice, Travel to and from covered sport events. Includes try-outs and off-season conditioning as long as conditioning is approved and/or approved by the University of Saint Francis.

Dates of Coverage: Policy will have effective dates of 8/1/16 – 8/1/17. Individuals will be covered once the appropriate premium has been paid to K&K Insurance for the individuals desiring coverage. Coverage will start the day after money is received by K&K, and will expire on 8/1/17. There are no refunds once premium is paid, and premiums are not pro-rated. If an athlete plays multiple sports, he/she just needs to pay the premium once and coverage will apply for all sports.

Premiums:
- $5,000 Policy Limit: $728 per athlete

How to enroll:
Please use attached form to Enroll in program.
Frequently Asked Questions

*If an individual enrolls in the program, and subsequently gets coverage elsewhere, will the individual receive a refund?*

No. The plan does not allow for premium refunds. The premium is 100% earned once received by K&K.

*If an individual enrolls part way through the year, will premium be pro-rated?*

No. The premium is a flat premium and is the same for one day of coverage or 365 days of coverage.

*If an athlete plays more than one sport, does he/she need to pay the premium more than once?*

No. The $728 premium will provide coverage for each individual for one or more sponsored intercollegiate sport at USF.
University of Saint Francis
Individual Athlete Enrollment Form
2016/2017 school year
Policy # - 4R-OFE-03600204971-04

Last Name: ___________________________ First Name: __________ Initial: ______

Phone Number: (______) _____________

Please mark an “X” next to the sport to be covered:

<table>
<thead>
<tr>
<th>Sport</th>
<th>Premium: $728 per Individual</th>
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<tbody>
<tr>
<td>Baseball</td>
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<tr>
<td>Basketball</td>
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<tr>
<td>Cheerleading</td>
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<td>Cross Country</td>
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<tr>
<td>Football</td>
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<td>Golf</td>
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<td>Soccer</td>
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<td>Softball</td>
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<td>Stud Man/Train</td>
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<td>Tennis</td>
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<tr>
<td>Track &amp; Field</td>
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<tr>
<td>Volleyball</td>
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</tbody>
</table>

Method of Payment:
If check, make check payable to K&K Insurance Group, Inc. and mail to:
K&K Insurance Group, Inc.
1712 Magnavox Way, Ft. Wayne, IN 46804
Attn: Sports Division

Credit card is acceptable. Please mail or fax [260/459-5120] enrollment form to K&K Insurance and call K&K with the credit card information (800) 441-3994 x5642 Scott Lunsford.

Coverage will become effective the day after the enrollment form and premium payment has been received by K&K Insurance Group.

Signature: ___________________________________________ Date: ______________

1712 Magnavox Way, P.O. Box 2338
Fort Wayne, IN 46801-2338
800-637-4757 Fax: 260-459-5866
www.kandkinsurance.com
California License #0334819