

**AXIS INSURANCE COMPANY**  
(AN ILLINOIS COMPANY)

**SSEI Insurance Agency USA**  
**ACCIDENT MEDICAL MASTER INSURANCE APPLICATION**

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

**Policyholder**

(full legal name): Pawtucket School Department

Street Address: P.O. Box 388

City: Pawtucket

State: RI

Zip Code: 02862

Policyholder's E-mail Address:

Telephone Number: (401) 729-6300

Grades Included: K-12

Estimated # of Students: 8,600

Policy Number: KAMV-168150

**VOLUNTARY STUDENT ACCIDENT COVERAGE**

<b>Plan: II</b>	
Effective Date: August 15, 2024	Accident Medical Benefit:
Termination Date: August 14, 2025	<input checked="" type="checkbox"/> Full Excess <input type="checkbox"/> Primary
<input checked="" type="checkbox"/> Includes Sports Other than Senior High School Football	Benefit Period: 1 (years)
<input checked="" type="checkbox"/> Senior High School Football	Total Max for All Accident Medical Benefits: \$25,000
<input type="checkbox"/> Excludes Sports	<input checked="" type="checkbox"/> School Time Rate: \$ 20.00
Accidental Death Principal Sum: \$ 20,000	<input checked="" type="checkbox"/> 24-Hour Rate: \$ 75.00
	<input checked="" type="checkbox"/> Sr. High Football Rate per player: \$ 50.00
	<input checked="" type="checkbox"/> Extended Dental Rate: \$9.00

Policy Number: KAMB-168150

**COMPULSORY STUDENT ACCIDENT COVERAGE**

<b>Plan:</b>	
Effective Date:	Accident Medical Benefit:
Termination Date:	<input type="checkbox"/> Full Excess <input type="checkbox"/> Primary
<input type="checkbox"/> Includes Sports other than Senior High School Football	Benefit Period: (years)
<input type="checkbox"/> Includes High School Sports and Football	Total Max for All Accident Medical Benefits: \$
Accidental Death Principal Sum: \$	Flat Rate: \$

**OPTIONAL COVERAGES**

<input checked="" type="checkbox"/> Special Activities Coverage	<input type="checkbox"/> Felonious Assault and Violent Crime Benefit
<input type="checkbox"/> Non-Athletic Field Trip Coverage	<input type="checkbox"/>

**MANDATORY INTERSCHOLASTIC SPORTS COVERAGE**

<b>Plan: II</b>	
Effective Date: August 15, 2024	Accident Medical Benefit:
Termination Date: August 14, 2025	<input checked="" type="checkbox"/> Full Excess
<input type="checkbox"/> Senior High School Football	<input checked="" type="checkbox"/> Expanded Sports Medical Coverage
<input type="checkbox"/> Junior High School Football	Benefit Period: 1 (years)
<input type="checkbox"/> Band and Cheerleader	Total Max for All Accident Medical Benefits: \$ 25,000
<input type="checkbox"/> Senior High School Sports	
<input type="checkbox"/> Junior High School Sports	Flat Rate: \$ 800.00
Accidental Death Principal Sum: \$ 20,000	

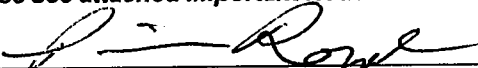
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Notes:

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

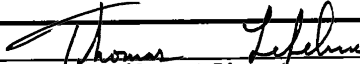
Please see attached Important Notice for state specific Fraud Warning Statement.

  
Authorized Signature of the Applicant

Patricia Royal  
Printed Name of Applicant's Authorized Representative

Date: 8/19/24

Licensed Broker/Agent Signature		Printed/Typed Name of Agent/Broker	
Address: _____		State: _____	
City: _____		State: _____	
Zip code: _____		State: _____	
Telephone Number: _____	Federal I.D. Number: _____	Date: _____	
License Number: _____	_____	Date: _____	

 Regional Sales Manager/Agent Signature		Lefebvre Insurance, LLC / Thomas Lefebvre Printed/Typed Name of Regional Sales Manager/Agent	
Address: <u>901 Pleasant Street, #1413</u>		State: <u>MA</u>	
City: <u>Attleboro</u>		State: <u>MA</u>	
Zip code: <u>02703</u>		State: <u>MA</u>	
Telephone Number: <u>(800) 451-9668</u>	Federal I.D. Number: <u>26-3134408</u>	Date: <u>September 4, 2024</u>	
License Number: <u>RI-1045498</u>	_____	Date: <u>September 4, 2024</u>	