

COVERAGE ENROLLMENT CONFIRMATION BASE STUDENT ACCIDENT INSURANCE



School Year: 2026–2027
Underwritten by: Certain Underwriters at Lloyd’s
One Lime Street | London, UK | EC3M 7HA
Policyholder: **Browning Public Schools**
129 1st Avenue SE, Browning, MT 59417

Covers All Enrolled Students While

- On school campus grounds during regular school days and hours, including, whilst continuously on campus grounds, the hour immediately before and after scheduled classes.
- Participating in school-affiliated and supervised activities, including interscholastic athletics and approved/sponsored work study, junior military programs, Kukyoosin Learning Center, and field trip programs within the United States that remain under the control of school staff and/or designated adult chaperones.
- Traveling, provided travel is uninterrupted between home and school to attend regularly scheduled classes, or whilst in School vehicles at any time. Also covered between School and locations to participate in School-Affiliated activities, provided in all cases that travel is direct and without interruption.

Volunteers appointed by the school are also eligible for coverage when participating in officially recognized school-affiliated activities under school supervision.

Benefit Schedule

Injury Medical Expense Benefit	100% of Usual, Reasonable and Customary charges up to \$25,000 per Eligible Accident
Extent of Coverage	Excess
Shared Deductible per Occurrence	\$0
Maximum Coverage Duration	2 years after the date of the Eligible Accident
Loss Eligibility and Treatment Start Requirement	120 days
Injury Reporting Period to the School	60 days from the date of Injury.
Accidental Death & Dismemberment	\$10,000 Principal Sum plus up to \$5,000 in Counseling Costs
Medical Expenses associated with a loss of life associated with Cardiac, Vascular, or Pulmonary Malfunction within 72 hours of participation in an Eligible Activity.	Up to \$10,000 plus up to \$10,000 in Funeral Costs
Criminal Harm Assistance	Up to \$5,000
Critical/Acute Medical Event	Up to \$3,000

Coverage Period: 08/01/2026 through 07/31/2027

Premium: \$10,590.28 (includes applicable Montana surplus lines taxes and fees)

Authorization

We are formally requesting issuance of a Base Student Accident Insurance Policy. We acknowledge that coverage will only become effective upon acceptance of this Coverage Request by CBC Underwriters, Inc. and receipt of the full premium payment by the effective date.

Authorized School District Representative Name	Title
Signature	Date

Please submit this completed form to CBC Underwriters, Inc. prior to the coverage effective date. Full provisions, exclusions, and program components are outlined in the policy. Terms remain valid for binding up to the proposed inception date.