

# COVERAGE ENROLLMENT CONFIRMATION CATASTROPHIC 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**

## Eligible Insureds

### Group 2

All students from pre-kindergarten through twelfth (12th) grade while attending regularly scheduled classes and participating in school-sponsored, directly supervised activities, including participation in interscholastic sports for students in pre-kindergarten through eighth (8th) grade career readiness programs, junior military training programs, Kukyoossin Learning Center, and off-season athletic training and conditioning (excluding high school interscholastic sports grades 9–12).

## Benefit Schedule

Injury Medical Expense Benefit	100% of Usual, Reasonable and Customary charges up to \$1 million per Eligible Accident
Extent of Coverage	Excess
Shared Deductible per Occurrence	\$25,000
Maximum Coverage Duration	10 years after the date of the Eligible Accident
Loss Eligibility and Treatment Start Requirement	180 days
Injury Reporting Period to the School	60 days from the date of Injury
Life Impact Support	Up to \$500,000
Severe Cognitive Impairment	Up to \$250,000
Accessibility Modification Support	Up to \$150,000
Thermal Restoration	Up to \$150,000
Violence Recovery Support	Up front \$25,000 plus up to \$20,000 in counseling costs
Accidental Death & Dismemberment	\$25,000 Principal Sum
Medical Expenses associated with Loss of Life in respect of Heart, Circulatory or Pulmonary malfunction within 72 hrs. of a covered, connected activity.	Up to \$10,000 plus up to \$10,000 in Funeral Costs

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

**Premium: \$2,419.70** (includes applicable Montana surplus lines taxes and fees)

## Authorization

*We are formally requesting issuance of a Catastrophic 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.*

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Authorized School District Representative Name | Title

\_\_\_\_\_  
Signature | Date

Please submit this completed form to CBC Underwriters, Inc. prior to the coverage effective date. Premiums listed are offered contingent upon the simultaneous purchase of the accompanying base program quoted separately. Full provisions, exclusions, and program components are outlined in the policy. Terms remain valid for binding up to the proposed inception date.