

CATASTROPHIC POLICY APPLICATION - NC Middle School (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY -- Columbus, Ohio 43216,**

will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER :** _____

1. Name of Plan Sponsor: _____
(Group's Name)

Permanent Mailing Address: _____
(Number) (Street) (City) (State) (Zip) (County)

2. Policy Term: The policy term starts as **12:01 a.m. on August 1, 2017,** which is the effective date and ends at **12:01 a.m. on August 1, 2018,** which is the termination date.

3. Covered Activities

For Class 1 Eligible Persons: Covered Activity means an interscholastic competition authorized, sanctioned or scheduled by the Plan Sponsor, including school supervised practice, game related activities and related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

For Class 3 Eligible Persons: Covered Activity means interscholastic competition school sponsored practice and game related activities; intramural and club sports; physical education classes; classroom and laboratory activities for credit; faculty sponsored clubs, plays and concerts; faculty sponsored and supervised field trips; and related travel. Travel means team or group travel arranged and supervised by the school to or from any Covered Activity.

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Classes 1, 2 and 3
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$500,000.00 overall maximum for any one accident.	
Death	\$10,000
Specific Loss (Face Amount)	\$10,000
MEDICAL EXPENSE ¹	
Accident	
Deductible	\$25,000 ²
Overall Maximum	\$2,000,000

¹ Medically necessary professional ambulance service is a Covered Expense.

² Any payment made under another carrier's plan will be applied toward satisfying the deductible under this Policy. (Disappearing Deductible.)

ACCIDENT MEDICAL EXPENSE BENEFIT: Anything in the Policy to the contrary notwithstanding:

If, as the result of injury, an insured incurs covered expenses starting within 180 days from the date of the accident causing the injury, we will pay, less the deductible shown above and not to exceed the maximum benefit amount shown above, all covered expenses incurred during the benefit period. The benefit period ends at the earlier of (1) five years from the date of injury if the insured has incurred less than \$50,000 in covered expenses as a result of that injury or (2), after three years from the date of the injury, at the end of any twelve (12) month period during which the insured incurs less than \$2000 in covered expenses, or (3) ten years from the date of the injury giving rise to the loss.

Coma means a profound state of unconsciousness from which the Insured Person, through powerful stimulation, is not likely to be aroused. This condition must be diagnosed and regularly treated by a Physician.

Paralysis means the complete inability to move one or more limbs as a result of neurological damage. The condition must be diagnosed and regularly treated by a Physician.

The following table shows the percentages of the Principal Sum and the annual Installment We will pay in the event of a named condition:

1. Coma or Brain Death	100%
2. Paralysis of:	
Both upper and lower limbs	100%
Both lower limbs	100%
One lower limb and one upper limb	100%
One lower limb or one upper limb	50%

Benefits cease when the Insured is no longer Paralyzed or in a Coma. Benefits cease upon the death of the Insured.

The most We will pay for all Losses to an Insured Person as the result of one accident is the Catastrophic Injury Benefits Maximum shown above.

5. Premium Rates by Class of Eligible Persons

Class	Eligible Persons	Premium Rates Per Eligible Person
1	Student athletes, student managers, student athletic trainers, student cheerleaders and student participants	
	\$2,000,000 Medical Expense Maximum without the Catastrophic Injury Benefit	Middle School Including Football \$1.43
3	Students & Athletes	
	\$2,000,000 Medical Expense Maximum without the Catastrophic Injury Benefit	Middle School Including Football \$0.92

Class 1

Middle School Athletes _____ Eligible Persons X \$ 1.43 Rate for coverage selected = \$ _____ Premium

Class 3

Middle School _____ Eligible Persons X \$ 0.92 Rate for coverage selected = \$ _____ Premium

The minimum premium per policy term is \$350.00

Total Premium = \$ _____

6. The policy is to cover all eligible persons.

7. It is understood and agreed that the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.

(Previous Policy Number)

By _____
(Signature of Applicant)

(Date)

(Printed Name and Title of Applicant)

K & K INSURANCE GROUP INC 13-0090572
(Agent's Signature and Number)

(Address of Applicant) GR-9050

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.