



ACCIDENT INSURANCE PROGRAM

FOR CHILD CARE CENTERS

Policy Form Series: C11695DBG

IMPORTANT: This program provides insurance for covered accidents only while insureds are participating in Covered Activities as described herein.

Insurance underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.
with its principal place of business in New York, NY ("the Company")



This brochure is valid in all states EXCEPT: Colorado (under 10 lives), Florida (under 51 lives), New Hampshire, New Mexico (under 10 lives), and Washington.
Please contact your AIG representative for information.



Accident Insurance Coverage for Child Care Centers

Why Accident Insurance?

Managers, owners and directors of child care centers and similar facilities understand the importance of safety in their businesses. However, accidents can and do happen. Through this program, child care centers can provide accident insurance benefits for staff members and children enrolled in their facility.

What Can Accident Insurance Offer?

- Child care center staff members and participants (children enrolled in the child care facility) are covered while engaging in specified covered activities that are sponsored or supervised by the child care center. Benefits are available for Injury(ies) sustained as a result of a covered Loss.
- Accident insurance can complement a child care center's general liability policy by filling in gaps that may exist or by offering broader limits. For example, providing coverage while traveling directly between their home and the assignment location is an especially valuable feature of accident insurance.
- Multiple plan options are available to meet each child care center's specific needs.

Eligibility

Any state-licensed child care center may be eligible for coverage, including day care centers, nursery schools, kindergartens, Saturday programs, preschool and after-school programs, Head Start programs, and approved community centers.

All eligible staff members and participants registered with the child care center will be covered under the accident insurance policy issued to the child care center.

Covered Activities

Coverage will generally apply while participating in the following Covered Activities:

- Authorized participation in any scheduled and sponsored activities of the child care center, whether on or off the premises.
- Travel directly to and uninterrupted from the assignment location and home.

Benefits

Accidental Death Benefit

If Injury results in the death of the Insured within 365 days* of the date of the accident causing the Injury, the policy will pay the Accidental Death Benefit.

*The 365 day incurral period does not apply in Pennsylvania

Accidental Dismemberment Benefit

If Injury to an Insured results in any one of the losses specified below, directly and independently of all other causes, within 365 days of the date of the accident causing the Injury, the policy will pay the percentage of the Accidental Dismemberment Maximum Amount specified for that loss.

For Loss Of	Percentage
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Sight in Both Eyes	100%
Sight in One Eye	50%
Speech and Hearing in Both Ears	100%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

Accident Medical Expense Benefit

If the Insured suffers an Injury that requires treatment by a physician within 180 days of the date of the accident causing the Injury, the policy will pay the usual and customary charges incurred for medically necessary Covered Accident Medical Services, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Each available plan allows for Accident Medical Expense Benefits to be provided on a primary or excess basis, where available. Primary coverage means that our policy provides coverage for covered accident medical expenses regardless of other insurance coverage available to the Insured. Excess coverage means that covered accident medical expense benefits under our policy are paid only after benefit payments for such expenses are exhausted under the Insured's other valid and collectible insurance. If the Insured has no other insurance in place, then covered accident medical expenses benefits are paid on a primary basis. Excess coverage is not available in ID, OK, OR and SD.

Catastrophe Cash Benefit

The policy will pay the applicable percentage of the Catastrophe Cash maximum benefit, if, as a result of an Injury, directly and independently of all other causes, the Insured suffers a covered Coma or Paralysis. The covered Coma or Paralysis must occur no later than 30 days from the date of the accident causing the Injury and continue for six consecutive months after which the Coma or Paralysis must be diagnosed by a Physician as a permanent and irreversible condition resulting in Disability. The benefit payable is based on the below percentage of the maximum amount:

Cause of Disability	Percentage
Coma	100%
Paralysis ² of:	
Two or more limbs (upper and/or lower)	100%
One limb (upper or lower)	50%
One or more other parts of the body	See footnote ¹

If the Insured suffers more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by the Insured, will be used to determine the benefit payable.



1. If the Insured's Paralysis involves a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of the Paralysis of the listed parts of the body. The final determination of comparable extent will be made using the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit and Accidental Dismemberment Benefit, the maximum amount payable under all these Benefits combined will not exceed the amount payable for the largest of these losses.

Plan Options

Maximum Benefit Amounts	Plan 1	Plan 2
Accident Medical Expense	\$25,000	\$50,000
Accidental Death	\$10,000	\$10,000
Accidental Dismemberment	\$10,000	\$10,000
Catastrophe Cash	\$50,000	\$50,000

The actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Plan Costs

Premium Rates Per Person Per Year	Plan 1	Plan 2
Primary Accident Medical Expense Coverage, \$0 deductible	\$6.10	\$7.00
Primary Accident Medical Expense Coverage, \$50 deductible	\$5.55	\$6.45
Excess* Accident Medical Expense Coverage, \$0 deductible	\$5.00	\$5.50
Excess* Accident Medical Expense Coverage, \$50 deductible	\$4.00	\$4.50

* Excess coverage is not available in ID, OK, OR and SD.



Exclusions

Exclusions may vary depending on the state of issue.

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks, even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury or auto-eroticism;
2. sickness, disease, mental incapacity, or bodily infirmity whether the loss results directly or indirectly from any of these;
3. the Insured's commission of or attempt to commit a crime;
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition, including but not limited to diabetes;
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. participation in any team sport or any other athletic activity, except participation in a Covered Activity;
7. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
8. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer;
9. the Insured being under the influence of intoxicants;
10. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician;
11. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
12. stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, or aneurysm;
13. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law;
14. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground; and
15. any loss incurred while outside the United States, its territories or Canada.

In addition to the above Exclusions, Accidental Medical Expense benefits are not payable for, and usual customary charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing durable medical equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum shown in the Benefit Schedule;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless due to a covered Injury; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;
4. new hearing aids or hearing examinations unless due to a covered Injury; or repair or replacement of existing hearing aids unless due to a covered Injury;
5. rental of durable medical equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of durable medical equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a usual and customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;

8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital;
10. elective treatment or surgery;
11. experimental or investigative treatment or procedures;
12. treatment for temporomandibular dysfunction;
13. care, treatment or services provided by persons retained or employed by the Policyholder; or for supplies, prescriptions or medicines paid for or reimbursable by the Policyholder, or for which a charge is not made;
14. mental illness, psychological or psychiatric counseling of any kind, mental and nervous disease or disorders and rest cures;
15. educational or vocational testing or training;
16. treatment of Osgood-Schlatter's disease;
17. detached retina unless due to an Injury;
18. diagnostic tests or treatment, except due to infection which occurs directly from an accidental cut or wound or ingestion of contaminated food;
19. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body;
20. charges that are payable under motor vehicle medical benefits;
21. hernia, except as a result of participation in a Covered Activity;
22. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

Definitions

Definitions may vary depending on the state of issue.

Coma means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Covered Accident Medical Service(s) means any of the following services:

(a) Hospital's most common charge for semiprivate room and board (or room and board in an intensive care unit), hospital ancillary services (including but not limited to use of the operating room or emergency room) or use of an ambulatory medical center; (b) services of a Physician or private duty nursing by a registered nurse (RN); (c) ambulance service to or from a Hospital; (d) laboratory tests; (e) radiological procedures; (f) anesthetics and the administration of anesthetics; (g) blood, blood products and artificial blood products, and the transfusion thereof; (h) physical therapy and occupational therapy; (i) rental of durable medical equipment; (j) artificial limbs, artificial eyes or other prosthetic appliances; or (k) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Disabled/Disability as used in the Catastrophe Cash benefit means that the Insured is unable while under the regular care of a Physician, to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means that the Insured is unable, while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

Injury means bodily injury (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease or any other cause) causes a covered loss.

Insured means a person: (1) who is eligible for coverage as described in the Eligibility section; (2) for whom premium has been paid; and (3) while covered under the Policy.

Limb means an entire arm or entire leg.

Loss means with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight in an eye, total and irrecoverable loss of sight; with reference to hearing in an ear, total and irrevocable loss of ability to hear in that ear; with reference to speech, total and irrevocable loss of ability to speak; with reference to thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits. In the event an insured Person suffers more than one Loss as a result of the same accident, only one amount, the largest, shall be paid, subject to the Maximum Amount under the Plan you select.

Paralysis means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not (1) the Insured, (2) an Immediate Family Member or (3) retained by the Policyholder.

Accident Insurance Program for Child Care Centers

Complete the questionnaire [online](#) or email the completed questionnaire to your [AIG representative](#).

PRODUCER INFORMATION

Producer of Record: _____

Producer Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Website Address: _____

Are you the incumbent? ☐ Yes ☐ No

(Only appropriately licensed and appointed producers can sell, solicit, and negotiate insurance products with prospective customers.)

Standard commission for this program is 15 percent.

PROPOSED POLICYHOLDER INFORMATION

Proposed Policyholder Legal Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ FEIN Number: _____

Website Address: _____

TYPE OF ORGANIZATION

Describe Organization _____

CHOICE OF COVERAGE

The premium rates shown below are per person per year.

Choose the plan you want:

	Plan 1	Plan 2
Primary Accident Medical Expense Coverage, \$0 deductible	<input type="checkbox"/> \$6.10	<input type="checkbox"/> \$7.00
Primary Accident Medical Expense Coverage, \$50 deductible	<input type="checkbox"/> \$5.55	<input type="checkbox"/> \$6.45
Excess* Accident Medical Expense Coverage, \$0 deductible	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.50
Excess* Accident Medical Expense Coverage, \$50 deductible	<input type="checkbox"/> \$4.00	<input type="checkbox"/> \$4.50

**Excess coverage is not available in ID, OK, OR and SD.*

PREMIUM CALCULATION

(Number of Staff + Number Enrolled) = Sum of No. Staff + No. Enrolled x Rate Per Person *(plan selected in previous section)* = Total Premium
(_____ + _____) = _____ x _____ = \$ _____

The minimum premium is \$500 per policy per year. Coverage is mandatory for all staff members and participants of the group.

REQUESTED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the Company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the Company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year from the organization's Policy effective date.

_____ / _____ / _____

APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization's participants, please give full details for the past three (3) years:

Policy Effective & Expiration Dates	Name of Carrier	Headcount	Annual Gross Premium	Paid Claims	Number of Claims
Total					

☐ Check here if no prior coverage (Upon review, more detail may be requested.)

SIGNED STATEMENT

All information on the questionnaire is correct to the best of my knowledge. I understand that the Company must accept and approve this questionnaire before coverage is effective. I agree that the Company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print) _____

Signature _____

Title (print) _____

Date _____

Complete the questionnaire [online](#) or email the completed questionnaire to your [AIG representative](#).



For more information, contact your AIG Accident and Health representative or please visit our website at www.aig.com/specialty.

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage is not available in all states.

Terms capitalized in this document are defined terms in this brochure or in the Policy.

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