Parents and Guardians: Do you have adequate insurance coverage for your child in the event of an unforeseen accident?

Bob McCloskey Insurance has got you covered!

Depending on which program your child's school offers, you may be able to purchase one or more of the following insurance products on a voluntary basis...

- $500,000 At School Student Accident Coverage
- $500,000 Around the Clock - 24 Hour Accident Coverage
- $50,000 Student Accident Dental Coverage

...with relative ease from any computer or iPad via the following online address:

www.bobmccloskey.com

Just follow the instructions and you can accomplish the process in minutes. And, should you have any questions, you can call

1-800-445-3126

and a representative will be happy to assist you with the process or any questions.

Bob McCloskey Insurance
P.O. Box 511 Matawan, NJ 07747
www.bobmccloskey.com
Protection when you need it the most
Cover your child against medical and dental injuries, whether at home or at school

Please keep this brochure as an outline of coverage for future reference.
SUMMARY OF BENEFITS AND LIMITATIONS

The Policy provides benefits for a loss due to a covered injury as defined in the Policy up to a maximum benefit as described below for each injury. The coverage would be for those medical/dental expenses incurred within 104 weeks from the date of the original Accident. Treatment must begin within 60 days from the date of the Accident by a legally licensed medical or dental practitioner (not a member of the Insured’s immediate family).

An Accident is defined in the policy as a sudden, unexpected event that results in injury to the Covered Person.

ACCIDENTAL MEDICAL AND DENTAL EXPENSE BENEFITS

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Accident Medical Policy Limit</td>
<td>$500,000</td>
</tr>
<tr>
<td>Motor Vehicle Accidents</td>
<td>$10,000</td>
</tr>
<tr>
<td>Hospital room and board expenses</td>
<td>$500 per day</td>
</tr>
<tr>
<td>Daily Intensive Care Unit/ Cardiac Care Unit Expenses</td>
<td>$1,000 per day to 5 days</td>
</tr>
<tr>
<td>Ancillary hospital expenses</td>
<td>$500 maximum</td>
</tr>
<tr>
<td>Physician non-surgical (inpatient)</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physician surgical expenses</td>
<td>Usual &amp; Customary</td>
</tr>
<tr>
<td>Assistant Surgeon expenses</td>
<td>25% of Physician surgical cost</td>
</tr>
<tr>
<td>Anesthesiologist expenses</td>
<td>25% of Physician surgical benefit</td>
</tr>
<tr>
<td>Outpatient surgery expenses</td>
<td>$500 maximum</td>
</tr>
<tr>
<td>Physician non-surgical (outpatient)</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physician Consultant Expense (outpatient)</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Physiotherapy (outpatient)</td>
<td>Usual &amp; Customary up to a maximum of $2,000</td>
</tr>
<tr>
<td>Ambulance expenses</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>X-ray expenses</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Outpatient laboratory test expenses</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Diagnostic imaging expenses</td>
<td>$500</td>
</tr>
<tr>
<td>Medical Emergency Care</td>
<td>$500</td>
</tr>
<tr>
<td>Prescription drug expenses</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Outpatient registered nurse services</td>
<td>Usual &amp; Customary Charges</td>
</tr>
<tr>
<td>Rehabilitative braces or appliances</td>
<td>$2,000 maximum</td>
</tr>
<tr>
<td>Dental expenses</td>
<td>$500 per tooth maximum</td>
</tr>
<tr>
<td>Dented Dental Treatment (when certified by a dentist)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Eyeglasses, contact lenses and hearing aids</td>
<td>$500 maximum</td>
</tr>
</tbody>
</table>

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If, within 365 days from the date of a Covered Accident, Injury to the Covered Person results in any of the Covered Losses shown below, we will pay the benefit in the amount set opposite such Loss, as shown on the Schedule of Benefits. If multiple Losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

| Loss of Life                                          | $10,000    |
| Loss of Two or More Members                           | $50,000    |
| Loss of One Member                                    | $25,000    |
| Loss of Thumb & Index Finger of the Same Hand         | $2,500     |
| Loss of Four Fingers of the Same Hand                 | $2,500     |

DEFINITIONS

ACCIDENT means a sudden, unexpected event that results in injury to the Covered Person.

INJURY means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss.

MEDICALLY NECESSARY means a treatment, service or supply that is:
1) required to treat an injury;
2) prescribed or ordered by a Physician or furnished by a Hospital;
3) performed in the least costly setting required by the condition;
4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

USUAL AND CUSTOMARY CHARGES means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

IMPORTANT FACTS

1. This is a Limited Benefit Policy
2. The Blanket Accident Policy on file with the school is a non-renewable, one-year term policy.
3. EFFECTIVE DATE OF COVERAGE: Insurance is effective on the latest of the following dates:
   a) the Policy Effective Date;
   b) the date the Covered Person is first eligible;
   c) the date We receive the completed enrollment form; or
   d) the date the required premium is paid.
4. EVIDENCE OF COVERAGE: Verification of online payment and a copy of this brochure is your evidence of coverage under the School Sponsored Accident Policy.
5. STUDENT TRANSFER: Coverage under the policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
6. CANCELLATION: Coverage under the Policy will not be cancelled, and accordingly premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
7. LATE ENROLLMENT: There is no premium reduction for any individual who enrolls late in the year.

PARENTS/GUARDIANS - WHY YOU SHOULD ENROLL NOW

- When a covered accident happens, benefits are paid directly to you – not the hospital or doctor – to use any way you want. Pay for medical bills, groceries, lost time at work – anything.
- Even if you have health insurance, benefits can help cover your deductible, copayment, and other out-of-pocket costs.
- Accident benefits are preset and are paid, regardless of any other insurance you have.
- No health questions asked – everyone qualifies.
- Rates cannot increase during the year.
POLICY EXCLUSIONS

This Policy does not cover any Loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the Loss is an accidental bodily injury, unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
4. Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
6. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
7. Participation in any motorized race or speed contest.
8. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
9. Any injury requiring treatment which arises out of, or in the course of, fighting, brawling assault or battery.
10. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
11. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder, or an Immediate Family member of the Covered Person.
12. Treatment of a hernia whether or not caused by a Covered Accident.
13. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from, except as a fare paying passenger on a regularly scheduled commercial airline.

IMPORTANT NOTE: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

HOW TO FILE A CLAIM

1. Obtain a claim form from your school office or Bob McCloskey Insurance, (800-445-3126), and answer all questions in detail on the front of the claim form.
2. The claim form should identify the student's name, school name or district, and the date of accident.
3. Make sure the claim form is signed.
4. Attach all itemized bills to the completed claim form and mail to Bob McCloskey Insurance at the address provided on the claim form.
5. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service.

Claims Administrator:
Bob McCloskey Insurance
P.O. Box 511
Matawan, NJ 07747
Phone: 800-445-3126

CHOOSE THE PLAN THAT IS RIGHT FOR YOU!

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Around-the-Clock Coverage (Accident Only)</td>
<td>$72.00</td>
</tr>
<tr>
<td>B. Dental Coverage (Accident Only)</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

IMPORTANT: This brochure is only a summary of your benefits under the accident plan of insurance sponsored by your school and is only a partial description of the entire insurance plan. It is not a contract of insurance. This brochure and its contents are intended to provide an overview of the insurance coverage provided under the Policy. Your coverage is governed by a policy of student accident insurance underwritten by Berkley Life and Health Insurance Company under Blanket Policy AH51051 provided to your school. If there is a discrepancy between this brochure and the master Blanket policy, the master policy language will govern.

A copy of the full Policy of insurance describing the benefits which are payable in accordance with the terms, conditions, and exclusions has been provided to your school and is available for viewing at your school's office. Please remember that only the complete Blanket Accident Insurance Policy can provide the actual terms of coverage and will govern and control the payment of benefits. Benefits described in the Policy will be paid in accordance with any applicable state law.