

Voluntary K-12 Student Insurance Program

a Francis L. Dean & Associates online product

Partner with us to provide superior coverage for your Student Athletes

The Francis L. Dean & Associates voluntary K-12 student insurance program has been structured to allow schools and school districts to offer insurance to their students through an online platform. This program is only available as an online program where each family may choose to purchase coverage.

24-hour Accident Coverage

- Provides around the clock protection

School Time Accident Coverage

- Provides coverage during regular school days and hours.
- Traveling directly to and from school.
- Attending an activity organized, sponsored and supervised by the school and school employees. Including travel to and from the activity and school.

Optional Tackle Football Coverage

\$25,000 Maximum Benefit

Each student who pays the required additional premium is insured for accidents occurring while participating in senior high school interscholastic football practice or competitions. A deductible of \$100.00 applies.

Optional Extended Dental Coverage

\$25,000 Maximum Benefit

If the additional dental premium is paid, we will pay the usual, reasonable, and customary expense for necessary dental treatment of injuries to sound and natural teeth up to a maximum of \$25,000 as a result of any one accident. The insured must be treated by a legally qualified dentist, which is not a family member, within 60 days from the day of injury.

Athletic Coverage

Both plans cover all school-sponsored intramural and interscholastic sports, except senior high school tackle football, which is available for an additional premium.

Covered Medical Expenses

When you suffer a loss from injury during the policy period, we will pay:

- For usual, reasonable, and customary expenses
- Where treatment and services are received within 60 days from the date of injury
- Where bills are incurred within 52 weeks from the date of the injury.
- All coverages subject to maximum benefits and limits as stated in the policy schedule (\$25,000).

Why Partner with FLD?

• Easy online Enrollment

We will provide your school and/or district with a custom weblink allowing easy enrollement for parents. Once enrolled, confirmation is immediately issued and sent to both the insured and the school/district.

• Flexible Coverage Options

We offer 2 plans. Standard and Preferred.

• Streamlined Claims Handling

• Superior Benefits

Please see reverse side for summary of benefits.

• Competitive Rates

Program Premiums

	Standard Plan	Premium Plan
24-Hour	\$110.00	\$184.00
School Time	\$22.00	\$42.00
Optional Football	\$89.00	\$94.00
Optional Dental	\$10.00	\$10.00

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Bj Rosinus

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Standard Plan	Schedule of Benefits	Preferred Plan
\$250 per day	Hospital Room and Board	\$500 per day
\$500 per day for 3 days Max	Hospital Intensive Care	\$1,000 per day for 5 days Max
\$250 per day \$375 per day \$250 per day	Hospital Miscellaneous Expense Hospital Outpatient/E.R. Treatment Outpatient Surgical Facility	\$500 per day \$750 per day \$500 per day
70% not to exceed \$1,500.00	Surgeon Expenses	80% not to exceed \$2,500.00
25% of Surgeon Expense 25% of Surgeon Expense	Assistant Surgeon Expenses Anesthesiologist Expenses	25% of Surgeon Expense 25% of Surgeon Expense
\$35 for the first visit \$25 each subsequent visit 5 visit Max	Physiotherapy Outpatient Treatment	\$50 for the first visit \$25 each subsequent visit 5 visit Max
10 days	Physiotherapy Inpatient Treatment	20 days; \$500 per day
\$50	Consulting Physicians	\$100
\$100	Laboratory Tests	\$250
\$100	Precription Medications	\$150
\$200	X-Rays or Diagnostic Imaging	\$250
\$500	Ambulance Expense (Including Air)	\$1,000
\$100	Orthopedic Braces and Appliances	\$200

Proposed Policyholder

Name of School or School District

Address of School or School District

Street Address City State Zip

First Day of School First Day of Interscholastic Activities

Last Day of School Estimated Number of Students

Contact Person Name

Phone Number Email

School or District Website

*Form also available at www.K12AthleteInsurance.com



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