



**- GRANITE -**  
STUDENT INSURANCE SERVICES



**Bob McCloskey Insurance**  
BMI BENEFITS - FULL TPA SERVICES

**Program Manager**

Granite Student Insurance Services  
CA License No. 6010392

**Claim Administrator**

## **Mandatory Accident Insurance**

### **For Community Education Programs of the California Community College School Districts**

Granite Student Insurance Services, along with Bob McCloskey Insurance is proud to offer a Mandatory Accident Insurance product to Community Colleges in California. Community Colleges have the responsibility to protect their Community Education Program Students while they are taking classes at the college/university. Mandatory Accident Insurance provides insurance for those students for any accidental death and dismemberments and accident medical expenses.

### **How to apply for Mandatory Accident Insurance**

- **Step One:**  
Review the plan designs and select the plan best suited for you.
- **Step Two:**  
Fill out the Application.
- **Step Three:**  
Send document to Monique Palmieri-Wilson with Granite Student Insurance Services at [monique@granitesis.com](mailto:monique@granitesis.com).

Granite Student Insurance Services will send confirmation of coverage.

### **Summary of Mandatory Accident Insurance**

This is a summary of coverage that outlines the terms and conditions of a valuable offer of coverage and describes important features of the policy. If needed, a full specimen policy can be made available on request.

### **Eligibility**

**Class 1** – All enrolled Students of the Policyholder’s Community Education Programs.

**Class 2** – All Volunteers of the Policyholder’s Community Education Programs.

### **When does Coverage apply? Hazards that apply:**

**School Coverage** - This accident insurance provides coverage while the Insured is at school and while the Insured is attending or participating in school sponsored and supervised activities on or off school premises.

**\*This program is not sponsored by the California Community College School System.**

## What Benefits apply:

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
<b>Accidental Death and Dismemberment Benefit</b>			
Maximum Benefit Amount	\$10,000	\$10,000	\$10,000
Aggregate Limit	\$500,000	\$500,000	\$500,000
<b>Accident Medical Expense Benefit</b>			
Maximum Benefit Amount (per Injury)	\$10,000	\$25,000	\$50,000
Deductible Amount	\$0	\$0	\$0
Benefit Period (from the date of the Accident)	1 year	1 year	1 year
Coinsurance Amount	100% U&C	100% U&C	100% U&C
Coordination of Coverage	Excess Benefit	Excess Benefit	Excess Benefit

## What are the General Limitations:

**Economic Sanction** - We will not provide coverage or pay benefits under this Policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

**Exposure and Disappearance** - Benefits as shown in the Schedule of Benefits will be payable if an Insured suffers a Covered Loss which results from unavoidable exposure to the elements following a Covered Accident. If the Insured disappears and is not found within 1 year after the Insured's Spouse or Domestic Partner or personal representative has exhausted all law enforcement resources following the date of the an avalanche, or wrecking, sinking or disappearance of the conveyance in which the Insured was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Insured's death resulting directly and independently of all other causes from a Covered Accident.

**Limitation on Multiple Covered Losses** - If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

**Limitation on Multiple Covered Policies** - If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.

## What are the General Exclusions\*\*:

1. Suicide or attempted suicide.
2. Internationally self-inflicted injury.
3. War or any act of war, whether declared or not. War or act of war does not include acts of terrorism.
4. Illness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
5. Piloting or serving as a crewmember.
6. Commission of or attempt to commit: a felony; an assault; or other illegal activity.
7. Active participation in a riot or insurrection.
8. Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as:
  - a. A fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. A passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
  - c. A passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
9. An Accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education program.
10. Travel in any aircraft: owned; leased; or controlled by the Policyholder or any of its subsidiaries or affiliates. An aircraft will be deemed to be controlled by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
11. An Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.

12. The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. If such jurisdiction does not have a law to define intoxication, then under this Policy it will mean a blood alcohol content of .08 or greater.
13. Participation in professional; semi-professional; club; intercollegiate; interscholastic; intramural sports.

**\*\*Additional exclusions apply to the Accident Medical Expense Benefit.**

**Note: Policy is issued by Pan-American Life Insurance Company. For additional terms and conditions, please refer to the policy.**

**Disclosure: This Blanket Accident Insurance Policy is issued by Pan-American Life Insurance Company on form WBA-19-P. This policy provides benefits as result of a covered accident. It does not provide basic hospital, basic medical or major medical insurance. This policy does not provide coverage for Sickness. This is only an overview of the benefits offered. Like most group insurance policies there are certain exclusions, limitations, and terms for keeping them in force. The terms and conditions set forth in the Policy will prevail.**

# Plan Selection

## Step 1 – Choose your Plan Design

- Option #1: \$10,000 AME Per Injury:** \$2.50 per enrolled student, per class (\$500 Minimum Premium)
- Option #2: \$25,000 AME Per Injury:** \$2.75 per enrolled student, per class (\$500 Minimum Premium)
- Option #3: \$50,000 AME Per Injury:** \$3.00 per enrolled student, per class (\$500 Minimum Premium)

**Select One Option above and complete the premium calculation below:**

Estimated Number of Students		Rate per Student		Total Premium Due***
	X		=	

\*\*\*Minimum Premium is \$500.00

Requested Effective Date: \_\_\_\_\_

## Step 2 – Fill out the Application (See Final Page)

**Step 3 – Send this filled out document to the following address:**

Monique Palmieri-Wilson with Granite Insurance Services at: [monique@granitesis.com](mailto:monique@granitesis.com)



Pan-American Life Insurance Company
New Orleans, LA

Blanket Accident Insurance
Group Master Application (the "Application")

This Application is made for a plan of Blanket Insurance, based upon the following statements and representations:

Applicant Information

Name of Applicant: (legal name of entity)
DBA (if applicable):
Nature of Entity: SIC Code: Tax ID (if applicable):
Street Address: City: State: Zip Code:
Mailing Address (if different):
Contact Person: Title:
Telephone: E-mail:

Agent Statement

I certify that all information in this Application is correct to the best of my knowledge. I also certify that: This firm is a bona-fide business establishment. All participation requirements have been met. Coverages, enrollment provisions, eligibility requirements, benefits, limitations, and exclusions have been fully explained and understood by the applicant or employer. I know of no reason why the Plan coverage should not be offered, and I recommend that such coverage be offered.

Printed Name of Applicants Authorized Representative

Signature

Address

Date

Email

Phone

Applicant's Acceptance of Terms

- Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued.
To the best of my knowledge and belief, all statements and answers given in this Application are true and complete.
I understand no insurance shall take effect until all underwriting requirements of the Company have been met.
I understand that any insurance provided shall take effect on the effective date approved by the Company and that I should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.
I understand and agree that:
No agent may change or waive any of the provisions of this Application or any plan of insurance;
Any change or waiver may be made only by an officer of the Company; and
This Application will be accepted or declined partly on the basis of the statements and answers given in the Application.
It is understood that any Covered Person, if coverage is elected, is not actively at work on the date this coverage is scheduled to become effective, shall not be covered until the individual returns to work.
I request a Policy Effective Date of: I acknowledge that this desired effective date must comply with the description contained in the Policy.

IMPORTANT FRAUD NOTICE

WARNING: The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

Printed Name of Applicant

Authorized Signature of Applicant

Date

Title