

SERFF Tracking Number: CMTR-128299099 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number:  
Company Tracking Number: CLSA-1006(ISIT) - GENERIC  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Blanket Accident Insurance Policy  
Project Name/Number: ISM/Trust - Generic/CLSA-1006(ISIT)

## Filing at a Glance

Company: Companion Life Insurance Company

Product Name: Blanket Accident Insurance Policy SERFF Tr Num: CMTR-128299099 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H04.001 Student Co Tr Num: CLSA-1006(ISIT) - GENERIC State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Donna Guminiak, Helena Vennette Disposition Date: 06/20/2012

Date Submitted: 06/15/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ISM/Trust - Generic

Project Number: CLSA-1006(ISIT)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket, Trust

Filing Status Changed: 06/20/2012

State Status Changed: 06/20/2012

Created By: Helena Vennette

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

Blanket Student Accident Insurance Policy - CLSA-1006(ISIT)

Application for Blanket Student Accident Insurance – CL-ISIT-APP(2012)

Optional Accident and Sickness Rider - CLSA-1006(ISIT)(SICK)

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Helena Vennette

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Blanket Policy Endorsement - CLSA-1006END(AR)  
Blanket Student Accident Summer School Policy – CLSA-1006(ISIT)(SC)  
Application for Blanket Student Accident Insurance – CL-ISIT-APP-SC(2012)

Attached for your review and approval are copies of the above referenced forms These forms are new and are not intended to replace anything previously approved for Companion Life Insurance Company. These forms are “Me Too” and substantially similar to policy forms SMLSA-1006(ISIT) & SMLSA-1006(ISIT)(SC); applications SML-ISIT-APP & SMLISIT-APP-SC; ; Blanket Policy Endorsment SMLSA-1006END(AR), and Optional Sickness Rider SMLSA-1006(ISIT)(SK) approved by your Department on April 1, 2003 .

These forms provide benefits if a student in grades pre-kindergarten through 12 incurs expenses as the result of a covered accident. Policy form CLSA-1006(ISIT) provides a choice of five plans from which the school may choose in offering coverage to their students. Four of these Plans are considered “Mandatory” with all premiums paid by a participating school. Under these plans students are automatically covered from the time they enroll at a participating school. Benefits are provided for accidents occurring on school premises, while the student is in the care of a school, or while the student is on his/her way to or from school. The fifth plan is a “voluntary” plan providing around-the-clock protection for a student. The premiums for this coverage are paid by the parents of an enrolled student.

Rider CLSA-1006(ISIT)(SICK) will add an optional sickness benefit to Policy CLSA-1006(ISIT). Coverage under this Rider will be offered only where a Participating School has elected to make the Parents’ Voluntary Extension Plan available to it to its students. Under this Plan, when the optional rider is a part of the policy, a student is covered 24-hours a day for both accident and sickness.

Policy form CLSA-1006(ISIT)(SC) provides basically the same benefits except that the policy covers only students who are enrolled in summer sessions or a Participating School. Insurance under the policy is onsidered “Mandatory” with all premiums being paid by the school.

Policy form CLSA-1006END(AR) amends the definition of Accidental Injury.

Also enclosed for informational purposes are the School Superintendent’s Enrollment Forms for policies, forms CL-ISIT-EF and CL-ISIT-EF-SC. Upon completion of the Superintendent’s application, a school becomes a Participating School under the Trust.

These forms were first filed in the State of Delaware, since Delaware is the situs of the Trust (approved on May 14, 2012, Disposition also attached.) The Blanket Master Policy will be issued to the Independent School Group Insurance Trust, located at 1316 N. Union Street, Wilmington, Delaware. This policy is being issued to the trust for ease of administration. The Administrator of the Trust, Independent School Management (ISM), provides coverage available to a school for the benefit of their students. Each school who wishes to participate in the trust signs a participation

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agreement at the time they apply for coverage under the Policy. By participating in the Trust, the school avails themselves of ISM's expertise in administering the insurance coverage. A copy of the Trust is enclosed to facilitate your review.

The changes made to the forms are:

1. To policy form CLSA-1006(ISIT):

a. On page 3 we added Plans P and P-100 that provide coverage for pre-schoolers ages 3 to Kindergarten. Plans P and P-100 are also included under Plan C and the Parents' Voluntary Extension Plans.

b. On page 2 we changed the first sentence to state "the percentage shown in the School's Enrollment Form rather than stating a percentage since they are able to elect 80% or 100%.

c. The Schedule of Benefits and Rates has been changed to include Plans P and P-100 as well as includes, as a variable, coverage for sickness when the sickness benefit is added by rider CLSA-1006(ISIT)(SICK).

2. To the Optional Blanket Insurance Policy Rider – Accident and Sickness Rider, form number CLSA-1006(ISIT)(SICK):

a. The definition of Pre-existing Condition was removed; and

b. Exclusion #6, Pre-existing Conditions was removed.

3. To policy form CLSA-1006(ISIT)(SC):

a. On page 2 we added Plans S1-100, S2-100 and S3-100;

b. On page 5 we removed the Parent's Voluntary Extension Effective Date and Termination Date provisions since they Don't apply to the summer school/camp policy; and

c. The Schedule of Benefits and Rates was expanded to include Plans S1-100, S2-100 and S3-100.

State Narrative:

## Company and Contact

### Filing Contact Information

Donna Guminiak, Compliance Officer  
70 Genesee Street  
Utica, NY 13502

dguminiak@commercialtravelers.com  
800-422-6200 [Phone] 261 [Ext]  
315-724-6372 [FAX]

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**Filing Company Information**

Companion Life Insurance Company	CoCode: 77828	State of Domicile: South Carolina
P O Box 100102	Group Code: 661	Company Type:
7909 Parklane Road	Group Name: 77828	State ID Number:
Suite 200	FEIN Number: 57-0523959	
Columbia, SC 29223-5666		
(803) 735-1251 ext. [Phone]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: 6 forms x \$50.00 = \$300.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$300.00	06/15/2012	60169721

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/20/2012	06/20/2012

*SERFF Tracking Number:* CMTR-128299099      *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/20/2012

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	TRUST AGREEMENT	Approved-Closed	Yes
Supporting Document	AUTHORIZATION LETTER	Approved-Closed	Yes
Supporting Document	TRUST ADOPTION AGREEMENT	Approved-Closed	Yes
	ENROLLMENT FORMS		
Supporting Document	ACTUARIAL CERTIFICATION	Approved-Closed	No
Supporting Document	STATEMENT OF VARIABLES	Approved-Closed	Yes
Supporting Document	Delaware Disposition	Approved-Closed	Yes
Form	BLANKET STUDENT ACCIDENT INSURANCE POLICY	Approved-Closed	Yes
Form	APPLICATION FOR STUDENT ACCIDENT INSURANCE	Approved-Closed	Yes
Form	BLANKET POLICY ENDORSMENT	Approved-Closed	Yes
Form	OPTIONAL ACCIDENT AND SICKNESS RIDER	Approved-Closed	Yes
Form	BLANKET STUDENT ACCIDENT SUMMER SCHOOL POLICY	Approved-Closed	Yes
Form	APPLICATION FOR BLANKET STUDENT ACCIDENT INSURANCE	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: CLSA-1006(ISIT)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/20/2012	CLSA-1006(ISIT)	Policy/Cont ract/Fratern al	BLANKET STUDENT ACCIDENT INSURANCE Certificate POLICY	Initial		52.000	CLSA-1006(ISIT).pdf
Approved-Closed 06/20/2012	CL-ISIT-APP(2012)	Application/ Enrollment Form	APPLICATION FOR STUDENT ACCIDENT INSURANCE	Initial		0.000	CL-ISIT-APP(2012).pdf
Approved-Closed 06/20/2012	CLSA-1006END(AR)	Policy/Cont ract/Fratern al	BLANKET POLICY ENDORSEMENT Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.000	CLSA-1006END(AR).pdf
Approved-Closed 06/20/2012	CLSA-1006(ISIT)(SICK)	Policy/Cont ract/Fratern al	OPTIONAL ACCIDENT AND SICKNESS RIDER Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47.000	CLSA-1006(ISIT)(SICK).pdf
Approved-Closed 06/20/2012	CLSA-1006(ISIT)(SC)	Policy/Cont ract/Fratern al	BLANKET STUDENT ACCIDENT SUMMER SCHOOL Certificate POLICY	Initial		51.000	CLSA-1006(ISIT)(SC).pdf
Approved-	CL-ISIT-	Application/	APPLICATION FOR	Initial		0.000	CL-ISIT-APP-

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Closed APP- Enrollment BLANKET STUDENT  
06/20/2012 SC(2012) Form ACCIDENT  
INSRUANCE

SC(2012).pdf



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
School Plans Service Office - 70 Genesee Street Utica, New York 13502

Companion Life Insurance Company referred to in this policy as “We”, “Us”, “Our” or “the Company,” issues this policy to the Policyholder named in the application attached to this Policy, to insure those students who are enrolled in a Participating School.

### **INSURING AGREEMENTS**

**COVERAGE:** We will pay the benefits provided in the policy for any Insured who is regularly enrolled in the Participating School. Benefits are provided to cover the expenses incurred on account of an Injury sustained while the Policy is in force as hereinafter specifically provided. We will pay the benefits under the terms of the policy in consideration of the application for this policy and the payment of all premiums as set forth in the policy.

This Policy is issued for an initial term of one year. The Policy’s Effective and Termination Dates are shown in the attached application. The Policy may be continued in force thereafter as herein provided. All days are full calendar days, Standard Time, at the Policyholder’s address. All time periods begin and end at 12:01 A.M., local time at the Policyholder’s address.

The following pages form a part of this Policy as fully as if the signatures below were on each page.

This Policy is delivered in the State of Delaware.

Executed on behalf of the Company by its President.

A handwritten signature in black ink, appearing to read 'Trescott N. Hinton, Jr.', with a stylized flourish at the end.

**Trescott N. Hinton, Jr.**  
**President**

## **BLANKET STUDENT ACCIDENT INSURANCE**

**THIS IS AN ACCIDENT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.**



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
 School Plans Service Office - 70 Genesee Street Utica, New York 13502

## SCHEDULE OF BENEFITS AND RATES

Coverage is provided each Insured Student under the Plan or Plans shown below as selected by the Policyholder School.

<b>PLAN</b>	<b>MEDICAL MAXIMUM PER INJURY [OR SICKNESS]</b>	<b>BENEFIT PERIOD FROM DATE OF INJURY [OR SICKNESS]**</b>	<b>DEDUCTIBLE*</b>
**Plan D	\$ 30,000.00	One Year	\$ 0.00
**Plan D-100	\$ 30,000.00	One Year	\$ 100.00
**Plan P	\$ 30,000.00	One Year	\$ 0.00
**Plan P-100	\$ 30,000.00	One Year	\$ 100.00
**Plan B	\$ 30,000.00	One Year	\$ 0.00
**Plan B-100	\$ 30,000.00	One Year	\$ 100.00
*Plan C	\$1,000,000.00	Two Years	\$30,000.00
**Parents' Voluntary Extension-DAY	\$ 30,000.00	One Year	\$ 100.00
**Parents Voluntary Extension-BOARDING	\$ 30,000.00	One Year	\$ 100.00

\* Benefits under Plan C are subject to meeting the applicable Deductible within one year from the date of injury.

\*\* Under these plans, the Benefit Period for Dental Treatment is 104 weeks.

## SCHEDULE OF PREMIUM RATES

Annual Premium per Insured Student

### DAY SCHOOLS

Plan D	[\$XX.XX]
Plan D100	[\$XX.XX]
Plan PK	[\$ X.XX]
Plan PK100	[\$ X.XX]

### BOARDING SCHOOLS

Plan B	[\$XX.XX]
Plan B100	[\$XX.XX]

### CATASTROPHE COVERAGE

Plan C	[\$XX.XX]
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### PARENTS' VOLUNTARY EXTENSION

DAY	[\$XXX.XX]
BOARDING	[\$ XX.XX]

### [ACCIDENT AND SICKNESS COVERAGE

Day	[\$XXX.XX]
Boarding	[\$XXX.XX]

The premium for the Policy is the amount attributable to the School based on the rate for each student in grades [pre-kindergarten through 12] regularly enrolled in the School.

**PREMIUM DUE DATE:** The premium is due within 31 days of the effective date of the Policy. Premiums are payable to the Company at its School Plans Service Office in Utica, New York or to any representative of the Company authorized to accept such premiums.

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## **PLANS OF INSURANCE**

Each Insured will be covered, subject to the Exclusions, Limitations and other Policy provisions under one of the following mandatory plans.

### **PLAN D, PLAN D100, PLAN P and PLAN P-100**

This plan pays benefits for injuries that occur:

1. While on the School premises. This means the times during the hours and days when classes are in session and while participating in or attending any School activity, including athletics, sponsored by and under the direct and immediate supervision of the Participating School.
2. While away from the School premises, if the student is participating in a sponsored, directly supervised activity of a Participating School, including all athletics and field trips (even overseas).
3. While commuting directly and without interruption to or from residence and Participating School for regular school-day sessions.
4. While traveling to or from any Participating School-sponsored, directly supervised activity, including athletic events, in a School-authorized vehicle.
5. Coverage is extended to all visiting/interviewing students, who visit at the request or invitation of the School, including students who visit the school for sports team try-outs, on either a day or boarding basis, depending on the Plan the School has in place for their regularly attending students. Coverage will be provided only while on the school premises and while participating in or attending any school-sponsored and directly supervised activities consistent with the purpose of the visit. Coverage for visiting/interviewing students is not intended to cover students or groups visiting for the purpose of participating in school-sponsored and supervised games, events or activities.

### **PLAN B and PLAN B100**

This plan provides benefits for injuries that occur as the result of all activities listed for PLAN D and PLAN D100, and expands that plan to include 24-hour coverage while Insureds are under the care and direction of the Participating School. Coverage also extends to vacation periods if the Insured is residing on the campus of the Participating School during such times and to weekend leaves, if the Insured does not go to his or her principal place of residence.

### **PLAN C**

This plan provides benefits for all the times listed in PLAN D, PLAN D100, PLAN P, PLAN P100, PLAN B or PLAN B100, as applicable to the Insured, including coverage for practice or competition in any interscholastic athletics. This includes travel directly to or from such practice or competition in a school authorized vehicle.

### **PARENTS' VOLUNTARY EXTENSION PLANS**

Under this voluntary plan, coverage, to the extent provided under PLAN D, PLAN D100, PLAN P, PLAN P100, PLAN B or PLAN B100, as applicable to the insured, is extended to 24 hours a day to cover injuries that occur when the Insured is not under the care and direction of the Participating School. This coverage is subject to all the terms, exclusions and limitations set forth in this policy and attachments, if any, which are not inconsistent herewith. This coverage is provided for enrolled Insureds for whom the applicable premium is paid, as herein provided.

## DEFINITIONS

The following terms are used throughout the policy. They are used to describe Our rights and those of the Policyholder and Participating Schools. Please refer to these terms when reading the policy.

**Accidental Injury** means an accidental bodily injury which occurs while the Insured is covered under this Policy, and is the result of an unexpected, external, violent and sudden event that is independent of any other cause.

**Deductible Amount** means the greater of:

1. the amount shown in the Schedule of Benefits and Rates; or
2. the amount collectible from any other insurance sources, subject to the Excess Provision.

**Hospital** means a short term, acute, general hospital that:

1. operates as a Hospital pursuant to law;
2. is primarily engaged in providing diagnostic services and therapeutic services for diagnosis, care and treatment of sick or injured persons as inpatients by or under the continuous supervision of physicians;
3. provides 24-hour nursing service by or under the supervision of Registered Nurses on duty or on call;
4. provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis; and
5. if located in New York, has in effect a hospitalization review plan applicable to all patients that meets at least the standards set forth in section 1861(k) of United States Public Law 89-97.

A Hospital does not include, other than incidentally, the following:

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or
3. facilities for the aged, drug addicts or alcoholics; or
4. a place primarily for the treatment of tuberculosis.

**Immediate Family Member** means the Insured, the spouse of the Insured or the children, parents, brothers or sisters of the Insured or the Insured's spouse.

**Insured** means any student who is regularly enrolled in a Participating School.

**Participating School** means an independent school which has agreed to participate in the Trust, which is the Policyholder.

**Physical Therapy** means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

**Physician** means a practitioner of the healing arts operating within the scope of his or her license. A Physician may not be an Immediate Family Member.

**Activities sponsored and under the direct and immediate supervision of the Participating School** means any activity which the Participating School authorities require the Insured to attend, or any activity of the Insured's school which is under the sole control and supervision of school authorities. This includes activities which are under the sponsorship of the Participating School, but does not include activities with any nonschool group.

## BENEFITS FOR HOSPITAL AND PROFESSIONAL SERVICE

If, as the result of a covered Accidental Injury, an Insured requires treatment by a physician or surgeon or confinement in a Hospital, We will pay up to the percentage shown in the Participating School's Enrollment Form, not to exceed the Medical Maximum shown in the Schedule of Benefits and Rates, of the reasonable and customary expenses incurred for such treatment or confinement. Necessary medical, dental or Hospital care must begin within 30 days after the date of injury. Expenses for such care must be incurred within the Benefit Period shown in the Schedule of Benefits and Rates. Payment of benefits is subject to the Deductible Amount shown in the Schedule, if any, and the Exclusions and Limitations provisions.

## ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT - STUDENT ACCIDENT

If, as the result of a covered Accidental Injury, an Insured suffers one of the following losses, We will pay the benefit shown for that loss. The loss must occur within 180 days from the date of an injury which results directly and independently of all other causes. In the event of more than one loss as the result of any one covered injury, only one of the listed benefits, the largest, will be payable.

Loss of Life .....	[\$1,000.00 - \$10,000.00]
Loss of One Hand, One Foot, or Sight of One Eye .....	[\$ 500.00 - \$ 5,000.00]
Loss of Both Hands, Both Feet, or Sight of Both Eyes .....	[\$1,000.00 - \$10,000.00]

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Payment made under this provision will be in addition to any other benefits payable under this Policy.

## EXCESS PROVISION

Our liability for benefits payable due to expenses incurred will be limited to the part of the expenses, if any, that is in excess of the total benefits payable by other valid and collectible coverage on an expense incurred or provision of service basis. Other valid coverage includes any other insurance or medical service plan; Hospital Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's); Workers' Compensation, federal, state or local government plans (except Medicaid); and automobile no-fault insurance. Incurred expenses include hospital charges, medical surgical and other services resulting from a covered Injury of the Insured. This provision does not apply to the Parents' Voluntary Extension Plans. This provision applies only when the premiums for the coverage are paid entirely by the Participating School.

## EXCLUSIONS AND LIMITATIONS

This Policy does not provide benefits for:

1. treatment of loss resulting from hernia, in any form;
2. illness or disease in any form;
3. treatment by persons employed or retained by the Policyholder, the Participating School, or by any member of the Insured's immediate family;
4. injuries sustained as a result of operating, riding in or upon, or alighting from a two - or three-wheeled motor vehicle;
5. any intentionally self-inflicted injury, or injuries resulting from being under the influence of any narcotic or alcohol, unless administered on the advice of a physician;
6. injuries resulting from war or any act of war, or active participation in any riot or civil commotion; .
7. injuries occurring while violating or attempting to violate any duly enacted law; or
8. expenses incurred after the termination of the benefit period.

**EXPENSE BENEFIT LIMITATIONS** - Dental benefits are limited to treatment of accidental injury to sound, natural teeth.

## GENERAL PROVISIONS

**INSURED EFFECTIVE DATE:** The insurance with respect to an Insured will become effective on the latest of the following dates:

1. The effective date of the Policy;
2. The date the Insured enrolls in the Participating School; or
3. The date the Participating School agrees to participate in the Trust.

**INSURED TERMINATION DATE:** The insurance of an Insured will terminate on the earliest of the following dates:

1. The date on which the insurance terminates with respect to the Participating School;
2. The date on which the Insured ceases to be enrolled in the Participating School; or
3. The date on which the insurance terminates with respect to the Policyholder.

**PARTICIPATING SCHOOL EFFECTIVE DATE:** The insurance with respect to a Participating School will become effective on the latest of the following dates:

1. The effective date of the Policy;
2. The date the Participating School agrees to participate in the Trust; or
3. The date the Participating School pays the premium.

**PARTICIPATING SCHOOL TERMINATION DATE:** The insurance afforded to a Participating School and its insured students will terminate on the earliest to occur of:

1. The date the plan is terminated;
2. The date the Participating School ceases to be a participating member of the Trust; \or
3. The premium due date applicable to a Participating School if the required premium is not paid but subject to a Grace Period of 31 days.

**PARENT'S VOLUNTARY EXTENSION EFFECTIVE DATE:** The insurance, with respect to the Insured, will become effective immediately upon receipt of premium, by the Company or Our authorized agent, but in no event prior to the opening date of the school year.

**PARENT'S VOLUNTARY EXTENSION TERMINATION DATE:** The insurance of the Insured will continue uninterrupted until the date school reopens the following year.

**PREMIUM AND GRACE PERIOD:** All premiums are payable on or before the date upon which they become due. A grace period of thirty-one days will be allowed for the payment of each premium after the first. The premiums for the insurance afforded under the Policy are stated in the Schedule of Benefits and Rates. They are applied to all benefits in force on the due date including benefits on any Insured then receiving benefits.

The premium rates shown in the Schedule of Benefits and Rates apply to the first year of insurance. We may change benefits and/or rates on any billing date on or after the first policy anniversary by written notice delivered or mailed to the Policyholder. Such notice must state when the changes will be effective. No changes may occur more than 60 days after date of such notice.

**NOTICE OF CLAIM:** We must receive written notice of Injury. It must be received within 20 days of the date the claim commences or as soon as reasonably possible. It must be given to Our Policyholder Service Office in Utica, New York. It must contain enough information to identify the Insured.

**CLAIM FORMS:** We will provide claim forms after We receive written notice of claim. Our usual claim forms will be provided. We will send the Insured these forms within 15 days after We receive his or her notice of claim. If We do not provide these forms within the allowed time, a claim can be filed without using them. The claim must contain written proof of loss. It must cover the occurrence, type and extent of loss. It must be provided within the time allowed in the next clause.

**PROOFS OF LOSS:** The Insured must provide Us written proof of loss. It must be provided to Our Home Office within 90 days of the loss or as soon as reasonably possible. Proof provided more than one year late will not be accepted, unless the Insured had no legal capacity in that year.

**TIME OF PAYMENT OF CLAIM:** Benefits will be paid as soon as We receive due written proof of such loss.

**PAYMENT OF CLAIMS:** All benefits of the Policy, except benefits for loss of life, will be paid to the Insured. However, if the Insured is a minor or is otherwise not legally competent to give a valid release, We may pay any benefit then payable to the parent, parents, or legal guardian of the Insured, or other person actually supporting the Insured.

Unless a written request is received not later than the time for filing proofs of loss, we may pay benefits directly to the hospital or person rendering service. It is not required that the services be rendered by a particular hospital or person.

Indemnity for loss of life is payable to the estate of the Insured, or at Our option, if the Insured is a minor, to the parent, parents, or legal guardian of the Insured. Payment so made will discharge Our liability with respect to the amount of insurance so paid. We do not assume any responsibility for the validity of an assignment.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right and opportunity to examine the the Insured while a claim is pending. These examinations will be made at Our expense and as often as we may reasonably require. We also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

**LEGAL ACTIONS:** No suit may be brought on a claim sooner than 60 days after the required proof of loss is given. No suit may be brought more than three years after the date proof of loss is required.

**ENTIRE CONTRACT; CHANGES:** This Policy including the Application and attached papers, if any, constitutes the entire contract of insurance. No change in the Policy will be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto.

No agent has authority to change this Policy or to waive any of its provisions. Any statement made by the Policyholder or by an applicant will, in the absence of fraud, be deemed a representation and not a warranty. No such statement will void the insurance or reduce the benefits thereunder unless contained in the written Application.

**TERMINATION, CANCELLATION, NONRENEWAL:** If any premium is not paid before the expiration of the grace period, the Policy will terminate at the end of such period. If the Policy terminates during or at the end of such period, the Policyholder will be liable to the Company for the payment of such pro rata premium for the time the Policy was in force during such period.

Either We or the Policyholder have the right to terminate the Policy on any anniversary date. In such events the terminating party will mail to the other written notice of its intention not less than sixty days prior to such date.

Cancellation or expiration of the Policy for any cause will be without prejudice to any claim arising prior to termination.

**CONFORMITY WITH STATE LAWS:** The Policy will be governed exclusively by the laws of the state wherein it was delivered or issued for delivery. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statute.

**POLICY PERIOD, RENEWALS:** The Policy applies only to charges which are incurred during the Policy period while the Insured is insured, unless otherwise provided in the Policy. A charge will be deemed incurred on the date the charge producing service is performed. On each anniversary of the Policy effective date, as stated in the Application, the Policy is renewable, subject to Our consent, for an additional annual period by the payment of the renewal premiums then in effect.



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666
School Plans Service Office - 70 Genesee Street Utica, New York 13502

Application for Blanket Student Accident Insurance
Policy Number:

(Herein Called the Company)

APPLICATION is hereby made to the Company for a Policy of Blanket Student Accident Insurance to provide the benefits set forth in the Schedule of Benefits and Rates in the Policy.

- 1. Name of Policyholder: Independent School Group Insurance Trust
2. Address of Policyholder: 1316 N. Union Street, Wilmington, DE 19806
3. The Policy will insure eligible persons who are associated with the policyholder as: Students enrolled in an independent school participating in the Trust
4. The effective date shall be: [July 15, 2012]. Each anniversary date shall be on [July 15th] of each year thereafter as long as the Policy remains in force.
5. Eligibility Provisions: All independent schools are eligible to participate in the Trust.
6. Premiums are to be Payable: Annually
7. Upon acceptance of this application by the Company, the Policy is to be issued to the Policyholder named above in accordance with the above information.

I understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

Signed at Wilmington State if DE, this day of (Month/Year)

by: Signature Applicant

Title

Agent:



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
School Plans Service Office - 70 Genesee Street Utica, New York 13502

### BLANKET POLICY ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all of the terms and conditions of the Policy/Certificate not inconsistent with this Rider.

In the **Definitions** section, the definition of **Accidental Injury** is amended to read as follows:

**Accidental Injury**, for which benefits are provided, means accidental bodily injury sustained by the Insured which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance for the Insured is in force.

This Endorsement takes effect with and expires with the Policy to which it is attached.

IN WITNESS WHEREOF, Companion Life Insurance Company has caused this Endorsement to be signed by its President .

A handwritten signature in cursive script, appearing to read 'Trescott N. Hinton, Jr.', is written in black ink.

**Trescott N. Hinton, Jr.**  
**President**



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
School Plans Service Office - 70 Genesee Street Utica, New York 13502

### OPTIONAL BLANKET INSURANCE POLICY RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all of the terms and conditions of the Policy not inconsistent with this Rider. It is issued in consideration of the payment of the required premium and the information contained in the application for this Rider.

### ACCIDENT AND SICKNESS RIDER

The Policy to which this Rider is attached is amended to include coverage for Sickness of the Insured student under the Parents' Voluntary Extension Plans. Coverage of a Sickness will not be provided under any other plans of the Policy.

- I. The following term is added to the **Definitions** section of the Policy.  
“**Sickness**” means illness or disease of an Insured that first manifests itself while this Policy is in force for the Insured.
- II. When coverage is provided under the Parents' Voluntary Extension Plan, the **Benefits** provision of the Policy is amended to read as follows:

### BENEFITS FOR HOSPITAL AND PROFESSIONAL SERVICE

If, as the result of a covered Accidental Injury or Sickness, an Insured requires treatment by a physician or surgeon or confinement in a Hospital, We will pay up to the percentage shown in the Participating School's Enrollment Form, not to exceed the Medical Maximum shown in the Schedule of Benefits and Rates, of the reasonable and customary expenses incurred for such treatment or confinement. Necessary medical, dental or Hospital care must begin within 30 days after the date of injury. Expenses for such care must be incurred within the Benefit Period shown in the Schedule of Benefits and Rates. Payment of benefits is subject to the Deductible Amount shown in the Schedule, if any, and the Exclusions and Limitations provisions.

- III. Item 2 of the **Exclusions** provision of the Policy is amended to read as follows:

Illness or disease in any form, except as might be provided by Rider;

The **Exclusions** provision of the Policy is also amended to include the following items that will not be covered under this Rider when it is a part of the Policy.

1. elective surgery.
2. cosmetic surgery, except as the result of covered Sickness or Injury.
3. submucous resection and/or other surgical correction for deviated nasal septum. Necessary treatment of sinusitis is covered.
4. normal pregnancy, childbirth or elective abortion. Complications of pregnancy will be covered the same as any other Sickness.
5. mental or nervous disorders.

This Rider takes effect and expires with the Policy to which it is attached. In Witness Whereof, COMPANION LIFE INSURANCE COMPANY, has caused this Rider to be signed by its President.

A handwritten signature in cursive script, appearing to read 'TreScott N. Hinton, Jr.'.

TreScott N. Hinton, Jr.  
President



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
School Plans Service Office - 70 Genesee Street Utica, New York 13502

Companion Life Insurance Company, referred to in this policy as “We”, “Us”, “Our” or “the Company,” issues this policy to the school named in the attached application, and the Schedule of Benefits and Rates to insure those students who are enrolled in a School.

### **INSURING AGREEMENTS**

**COVERAGE:** We will pay the benefits provided in the Policy for any Insured who is regularly enrolled in School. Benefits are provided to cover the expenses incurred on account of an Injury sustained while the Policy is in force as hereinafter specifically provided. We will pay the benefits under the terms of the policy in consideration of the application for this Policy and the payment of all premiums as set forth in the Policy.

This Policy is issued for an initial term of one year. The Policy’s Effective and Termination Dates are shown in the attached application. The Policy may be continued in force thereafter as herein provided. All days are full calendar days, Standard Time at the Policyholder’s address. All time periods begin and end at 12:01 A.M., local time at the Policyholder’s address.

The following pages form a part of this Policy as fully as if the signatures below were on each page.

This Policy is delivered in the State of Delaware.

Executed on behalf of the Company by its President.

A handwritten signature in black ink, appearing to read "Trescott N. Hinton, Jr.", written in a cursive style.

**Trescott N. Hinton, Jr.**  
**President**

## **BLANKET STUDENT ACCIDENT INSURANCE**

**THIS IS AN ACCIDENT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS.**

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Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
 School Plans Service Office - 70 Genesee Street Utica, New York 13502

## SCHEDULE OF BENEFITS AND RATES

Coverage is provided each Insured Student under the Plan or Plans shown below as selected by the Policyholder School.

<b>PLAN</b>	<b>MEDICAL MAXIMUM PER INJURY</b>	<b>BENEFIT PERIOD FROM DATE OF INJURY*</b>	<b>DEDUCTIBLE</b>
Plan S1	\$ 30,000.00	One Year	\$ 0.00
Plan S1-100	\$ 30,000.00	One Year	\$ 100.00
Plan S2	\$ 30,000.00	One Year	\$ 0.00
Plan S2-100	\$ 30,000.00	One Year	\$ 100.00
Plan S3	\$ 30,000.00	One Year	\$ 0.00
Plan S3-100	\$ 30,000.00	One Year	\$ 100.00
Plan S4	\$ 30,000.00	One Year	\$ 0.00
Plan S4-100	\$ 30,000.00	One Year	\$ 100.00

\* Under these plans, the Benefit Period for eligible Accidental Dental Expenses is 104 weeks.

## SCHEDULE OF PREMIUM RATES

Annual Premium per Insured Student  
 Summer Coverage

Plan S1	[\$ X.XX]
Plan S1-100	[\$ X.XX]
Plan S2	[\$ X.XX]
Plan S2-100	[\$ X.XX]
Plan S3	[\$ X.XX]
Plan S3-100	[\$ X.XX]
Plan S4	[\$ X.XX]
Plan S4-100	[\$ X.XX]

The premium for the Policy is the amount attributable to the School based on the rate for each student in grades pre-kindergarten through 12 regularly enrolled in the School.

**PREMIUM DUE DATE:** The premium is due within 31 days of the effective date of the Policy. Premiums are payable to the Company at its School Plans Service Office in Utica, New York or to any representative of the Company authorized to accept such premiums.

## PLANS OF INSURANCE

Each Insured will be covered, subject to the Exclusions, Limitations and other Policy provisions under one of the following mandatory plans.

**PLANS S1 and S1-100** This plan pays benefits for injuries that occur while Insureds are participating in any directly supervised summer school program of two weeks or less duration, including travel to and from such program.

**PLANS S2 and S2-100** This plan provides benefits for injuries that occur while participating in any directly supervised summer school program of more than two weeks duration, including travel to and from such program.

**PLANS S3 and S3-100** This plan provides benefits 24-hours per day if the student is residing on campus of the School while participating in any directly supervised summer school program of more than two weeks or less duration, including travel directly to and from such program.

**PLANS S4 and S4-100** This plan provides benefits 24-hours per day if student is residing on campus of the School while participating in any directly supervised summer school program of more than two weeks duration, including travel directly to and from such program.

## DEFINITIONS

The following terms are used throughout the policy. They are used to describe Our rights and those of the Policyholder. Please refer to these terms when reading the policy.

**Accidental Injury** means an accidental bodily injury which occurs while the Insured is covered under this Policy, and is the result of an unexpected, external, violent and sudden event that is independent of any other cause.

**Hospital** means a short term, acute, general hospital that:

1. operates as a Hospital pursuant to law;
2. is primarily engaged in providing diagnostic services and therapeutic services for diagnosis, care and treatment of sick or injured persons as inpatients by or under the continuous supervision of physicians;
3. provides 24-hour nursing service by or under the supervision of Registered Nurses on duty or on call;
4. provides organized facilities for diagnosis, treatment and surgery either on its premises or in facilities available to it on a prearranged basis; and
5. if located in New York, has in effect a hospitalization review plan applicable to all patients that meets at least the standards set forth in section 1861(k) of United States Public Law 89-97.

A Hospital does not include, other than incidentally, the following:

1. convalescent homes or convalescent, rest or nursing facilities;
2. facilities primarily affording custodial, educational or rehabilitative care; or
3. facilities for the aged, drug addicts or alcoholics; or
4. a place primarily for the treatment of tuberculosis.

**Insured** means any student who is regularly enrolled in a School.

**School** means an independent school to which this policy has been issued as the Policyholder.

**Physical Therapy** means any form of physical therapy, whether by machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity or sound.

**Activities sponsored and under the direct and immediate supervision of the School** means any activity which the School authorities require the Insured to attend, or any activity of the Insured's school which is under the sole control and supervision of school authorities. This includes activities which are under the sponsorship of the School, but does not include activities with any non-school group.

## **BENEFITS FOR HOSPITAL AND PROFESSIONAL SERVICE**

If, as the result of a covered Accidental Injury, an Insured requires treatment by a physician or surgeon or confinement in a Hospital, We will pay up to 100%, not to exceed the Medical Maximum shown in the Schedule of Benefits and Rates, of the reasonable and customary expenses incurred for such treatment or confinement. Necessary medical, dental or Hospital care must begin within 30 days after the date of injury. Expenses for such care must be incurred within the Benefit Period shown in the Schedule of Benefits and Rates. Payment of benefits is subject to the Deductible Amount shown in the Schedule, if any, and the Limitations and Exclusions provisions.

### **ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT - STUDENT ACCIDENT**

If, as the result of a covered Accidental Injury, an Insured suffers one of the following losses, We will pay the benefit shown for that loss. The loss must occur within 180 days from the date of an injury which results directly and independently of all other causes. In the event of more than one loss as the result of any one covered injury, only one of the listed benefits, the largest, will be payable.

Loss of Life.....	[\$1,000.00 - \$5,000.00]
Loss of One Hand, One Foot, or Sight of One Eye.....	[\$ 500.00 - \$2,500.00]
Loss of Both Hands, Both Feet, or Sight of Both Eyes.....	[\$1,000.00 - \$5,000.00]

Loss of hand or foot means loss by severance at or above the wrist or ankle joint. Loss of sight must be entire and irrecoverable. Payment made under this provision will be in addition to any other benefits payable under this Policy

### **EXPENSE BENEFIT LIMITATIONS**

1. For Hospital room and board, benefits will not exceed the Hospital's usual and customary charge for its semi-private room accommodations.
2. For dental treatment, benefits will not exceed \$100.00 for repair or replacement of each injured tooth that was sound and natural at time of injury. This includes charges for dental x-rays and all treatments to the tooth. The maximum benefit payable for dental treatment is limited to \$500.00 for any one injury.
3. For diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage or any form of Physical Therapy and/or office visit connected such treatment, benefit will be limited to \$200.00 per injury.
4. This policy does not provide benefits for injuries for which hospital, medical, surgical or dental benefits are payable or service is available under any other insurance or medical service plan including HMO's and PPO's. This limitation applies only when the premiums for this coverage are paid entirely by the School.
5. Expenses incurred after one year from the date of Injury are not covered even though the service is a continuing one or one that is necessarily delayed beyond one year from the date of Injury.

### **EXCLUSIONS**

This Policy does not provide benefits for:

1. illness or disease in any form;
2. reinjury or complications of a condition due to Accidental Bodily Injury occurring prior to the effective date of the Policy;
3. treatment by persons employed or retained by the Policyholder, the School, or by any member of the Insured's immediate family;
4. injuries sustained as a result of operating, riding in or upon, or alighting from a two - or three-wheeled motor vehicle.
5. any intentionally self-inflicted injury, or injuries resulting from being under the influence of any narcotic or alcohol, unless administered on the advice of a physician.
6. injuries resulting from war or any act of war, or active participation in any riot or civil commotion;
7. injuries occurring while committing or attempting to commit a felony;
8. injuries occurring during practice or play of fall pre-season athletics; or
9. injuries covered by Workers' Compensation, Employer's Liability Act or law, Automobile No-fault and similar plans.

## GENERAL PROVISIONS

**INSURED EFFECTIVE DATE:** The insurance with respect to an Insured will become effective on the latest of the following dates:

1. The effective date of the Policy; or
2. The date the Insured enrolls in the School.

**INSURED TERMINATION DATE:** The insurance of an Insured will terminate on the earliest of the following dates:

1. The date on which the insurance terminates with respect to the School; or
2. The date on which the Insured ceases to be enrolled in the School.

**POLICYHOLDER EFFECTIVE DATE:** The insurance with respect to a School will become effective on the latest of the following dates:

1. The effective date of the Policy; or
2. The date the School pays the premium.

**POLICYHOLDER TERMINATION DATE:** The insurance afforded to a School and its insured students will terminate on the earliest to occur of:

1. The date the plan is terminated; or
2. The premium due date applicable to a School if the required premium is not paid within a Grace Period of 31 days.

If any premium is not paid before the expiration of the grace period, the Policy will terminate at the end of such period. If the Policy terminates during or at the end of such period, the Policyholder will be liable to the Company for the payment of such pro rata premium for the time the Policy was in force during such period.

Either We or the Policyholder have the right to terminate the Policy on any anniversary date. In such events the terminating party will mail to the other written notice of its intention not less than sixty days prior to such date.

Cancellation or expiration of the Policy for any cause will be without prejudice to any claim arising prior to termination.

**PREMIUM AND GRACE PERIOD:** All premiums are payable on or before the date upon which they become due. A grace period of thirty-one days will be allowed for the payment of each premium after the first. The premiums for the insurance afforded under the Policy are stated in the Schedule of Benefits and Rates. They are applied to all benefits in force on the due date including benefits on any Insured then receiving benefits.

The premium rates shown in the Schedule of Benefits and Rates apply to the first year of insurance. We may change benefits and/or rates on any billing date on or after the first policy anniversary by written notice delivered or mailed to the Policyholder. Such notice must state when the changes will be effective. No changes may occur more than 60 days after date of such notice.

**NOTICE OF CLAIM:** We must receive written notice of Injury. It must be received within 20 days of the date the claim commences or as soon as reasonably possible. It must be given to Our Home Office in Utica, New York. It must contain enough information to identify the Insured.

**CLAIM FORMS:** We will provide claim forms after We receive written notice of claim. Our usual claim forms will be provided. We will send the Insured these forms within 15 days after We receive his or her notice of claim. If We do not provide these forms within the allowed time, a claim can be filed without using them. The claim must contain written proof of loss. It must cover the occurrence, type and extent of loss. It must be provided within the time allowed in the next clause.

**PROOFS OF LOSS:** The Insured must provide Us written proof of loss. It must be provided to Our Home Office within 90 days of the loss or as soon as reasonably possible.

**TIME OF PAYMENT OF CLAIM:** Benefits will be paid as soon as We receive due written proof of such loss.

**PAYMENT OF CLAIMS:** All benefits of the Policy, except benefits for loss of life, will be paid to the Insured. However, if the Insured is a minor or is otherwise not legally competent to give a valid release, We may pay any benefit then payable to the parent, parents, or legal guardian of the Insured, or other person actually supporting the Insured.

Unless a written request is received not later than the time for filing proofs of loss, we may pay benefits directly to the hospital or person rendering service. It is not required that the services be rendered by a particular hospital or person.

Indemnity for loss of life is payable to the estate of the Insured, or at Our option, if the Insured is a minor, to the parent, parents, or legal guardian of the Insured. Payment so made will discharge Ours liability with respect to the amount of insurance so paid. We do not assume any responsibility for the validity of an assignment.

**PHYSICAL EXAMINATION AND AUTOPSY:** We have the right and opportunity to examine the the Insured while a claim is pending. These examinations will be made at Our expense and as often as we may reasonably require. We also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

**LEGAL ACTIONS:** No suit may be brought on a claim sooner than 60 days after the required proof of loss is given. No suit may be brought more than three years after the date proof of loss is required.

**ENTIRE CONTRACT; CHANGES:** This Policy including the Application and attached papers, if any, constitutes the entire contract of insurance. No change in the Policy will be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto.

No agent has authority to change this Policy or to waive any of its provisions. Any statement made by the Policyholder or by an applicant will, in the absence of fraud, be deemed a representation and not a warranty. No such statement will void the insurance or reduce the benefits thereunder unless contained in the written Application.

**CONFORMITY WITH STATE LAWS:** The Policy will be governed exclusively by the laws of the state wherein it was delivered or issued for delivery. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statute.

**POLICY PERIOD, RENEWALS:** The Policy applies only to charges which are incurred during the Policy period while the Insured is insured, unless otherwise provided in the Policy. A charge will be deemed incurred on the date the charge producing service is performed. On each anniversary of the Policy effective date, as stated in the Application, the Policy is renewable, subject to Our consent, for an additional annual period by the payment of the renewal premiums then in effect.



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666
School Plans Service Office - 70 Genesee Street Utica, New York 13502

Application for Blanket Student Accident Insurance
Policy Number:

(Herein Called the Company)

APPLICATION is hereby made to the Company for a Policy of Blanket Student Accident Insurance to provide the benefits set forth in the Schedule of Benefits and Rates in the Policy.

1. Name of Policyholder: Independent School Group Insurance Trust
Summer School and Camp

2. Address of Policyholder: 1316 N. Union Street, Wilmington, DE 19806

3. The Policy will insure eligible persons who are associated with the policyholder as:
Students enrolled in an independent school participating in the Trust

4. The effective date shall be: [July 15, 2012]. Each anniversary date shall be on [July 15th] of each year thereafter as long as the Policy remains in force.

5. Eligibility Provisions: All independent schools are eligible to participate in the Trust. Students are eligible for the Summer Accident Coverage in the following circumstances:

- A. Those in which children attend a Summer Program or Camp sponsored by the School; or
B. Those in which children attend a private camp that is affiliated with the School. ALL STUDENTS who attend must be covered.

6. Premiums are to be Payable: Annually

7. Upon acceptance of this application by the Company, the Policy is to be issued to the Policyholder named above in accordance with the above information.

I understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

Signed at Wilmington State of DE, this day of (Month/Year)

by: Signature Applicant

Title

Agent:

SERFF Tracking Number: CMTR-128299099 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number:  
 Company Tracking Number: CLSA-1006(ISIT) - GENERIC  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
 Product Name: Blanket Accident Insurance Policy  
 Project Name/Number: ISM/Trust - Generic/CLSA-1006(ISIT)

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> READABILITY <b>Attachment:</b> Flesch-AR.pdf	Approved-Closed	06/20/2012
<b>Satisfied - Item:</b> Application <b>Comments:</b> APPLICATIONS <b>Attachments:</b> CL-ISIT-APP(2012).pdf CL-ISIT-APP-SC(2012).pdf	Approved-Closed	06/20/2012
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	06/20/2012
<b>Satisfied - Item:</b> TRUST AGREEMENT <b>Comments:</b> TRUST AGREEMENT <b>Attachment:</b> ISM TRUST AGRMNT.pdf	Approved-Closed	06/20/2012

SERFF Tracking Number: CMTR-128299099 State: Arkansas  
 Filing Company: Companion Life Insurance Company State Tracking Number:  
 Company Tracking Number: CLSA-1006(ISIT) - GENERIC  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
 Product Name: Blanket Accident Insurance Policy  
 Project Name/Number: ISM/Trust - Generic/CLSA-1006(ISIT)

**Item Status:** Approved-Closed  
**Status Date:** 06/20/2012  
**Satisfied - Item:** AUTHORIZATION LETTER  
**Comments:** AUTHORIZATION LETTER  
**Attachment:** Companion Auth.pdf

**Item Status:** Approved-Closed  
**Status Date:** 06/20/2012  
**Satisfied - Item:** TRUST ADOPTION AGREEMENT ENROLLMENT FORMS  
**Comments:** TRUST ADOPTION AGREEMENT ENROLLMENT FORMS  
**Attachments:** CL-ISIT-EF.pdf  
 CL-ISIT-EF-SC .pdf

**Item Status:** Approved-Closed  
**Status Date:** 06/20/2012  
**Satisfied - Item:** ACTUARIAL CERTIFICATION  
**Comments:** ACTUARIAL CERTIFICATION  
**Attachment:** Actuarial Cert-AR.pdf

**Item Status:** Approved-Closed  
**Status Date:** 06/20/2012  
**Satisfied - Item:** STATEMENT OF VARIABLES  
**Comments:** STATEMENT OF VARIABLES  
**Attachment:** Expl. of Variables.pdf

SERFF Tracking Number: CMTR-128299099 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number:  
Company Tracking Number: CLSA-1006(ISIT) - GENERIC  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Blanket Accident Insurance Policy  
Project Name/Number: ISM/Trust - Generic/CLSA-1006(ISIT)

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Delaware Disposition	Approved-Closed	<b>Date:</b> 06/20/2012
<b>Comments:</b> Delaware Disposition		
<b>Attachment:</b> DE Disposition.pdf		

# COMPANION LIFE INSURANCE COMPANY

This is to CERTIFY that the forms listed on the attached page(s) are in compliance with Insurance Policy Readability Laws.

A. Option Selected

1. The forms are scored for Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.
2. The forms are scored separately for the Flesch reading ease test. Scores for each form are indicated on the attached page(s).

B. Test Option Selected

1. Test was applied to entire form.
2. Test was applied on sample basis. Form contains more than 10,000 words. Copy of form enclosed indicating word samples tested.

C. Standards of Certification

A checked block indicates the standard has been achieved.

1. The text of the form achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A. above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)
3. The layout and spacing of the forms separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used.
6. The style, arrangement and overall appearance of the forms give no undue prominence to any portion thereof or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included. (This applies only if the form has more than 3,000 words or consists of more than 3 pages)

On Behalf of Companion Life Insurance Company  
By:



Donna J. Guminiak, FLMI, ACS, ALHC, AIRC, CCP, AIS  
as Compliance Officer of Commercial Travelers  
Mutual Insurance Company

Date: April 25, 2012

## COMPANION LIFE INSURANCE COMPANY

Flesch Scores for form(s) submitted with this filing are:

<b>FORM #</b>	<b>SENTENCES</b>	<b>WORDS</b>	<b>SYLLABLES</b>	<b>FLESCH</b>
CLSA-1006(ISIT)	164	2742	4466	52
CLSA-1006(ISIT)(SC)	130	2385	3867	51
CLSA-1006(SICK)	22	373	630	47
CLSA-1006END)(AR)	4	82	135	47



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666  
School Plans Service Office - 70 Genesee Street Utica, New York 13502

**Application for Blanket Student Accident Insurance  
Policy Number:**

(Herein Called the Company)

APPLICATION is hereby made to the Company for a Policy of Blanket Student Accident Insurance to provide the benefits set forth in the Schedule of Benefits and Rates in the Policy.

1. Name of Policyholder: Independent School Group Insurance Trust
2. Address of Policyholder: 1316 N. Union Street, Wilmington, DE 19806
3. The Policy will insure eligible persons who are associated with the policyholder as:  
Students enrolled in an independent school participating in the Trust
4. The effective date shall be: **[July 15, 2012]**. Each anniversary date shall be on **[July 15<sup>th</sup>]** of each year thereafter as long as the Policy remains in force.
5. Eligibility Provisions: All independent schools are eligible to participate in the Trust.
6. Premiums are to be Payable: Annually
7. Upon acceptance of this application by the Company, the Policy is to be issued to the Policyholder named above in accordance with the above information.

I understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

Signed at Wilmington State if DE, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month/Year)

by: Signature \_\_\_\_\_  
Applicant

Title \_\_\_\_\_

Agent: \_\_\_\_\_



Home Office – 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666
School Plans Service Office - 70 Genesee Street Utica, New York 13502

Application for Blanket Student Accident Insurance
Policy Number:

(Herein Called the Company)

APPLICATION is hereby made to the Company for a Policy of Blanket Student Accident Insurance to provide the benefits set forth in the Schedule of Benefits and Rates in the Policy.

1. Name of Policyholder: Independent School Group Insurance Trust
Summer School and Camp

2. Address of Policyholder: 1316 N. Union Street, Wilmington, DE 19806

3. The Policy will insure eligible persons who are associated with the policyholder as:
Students enrolled in an independent school participating in the Trust

4. The effective date shall be: [July 15, 2012]. Each anniversary date shall be on [July 15th] of each year thereafter as long as the Policy remains in force.

5. Eligibility Provisions: All independent schools are eligible to participate in the Trust. Students are eligible for the Summer Accident Coverage in the following circumstances:

- A. Those in which children attend a Summer Program or Camp sponsored by the School; or
B. Those in which children attend a private camp that is affiliated with the School. ALL STUDENTS who attend must be covered.

6. Premiums are to be Payable: Annually

7. Upon acceptance of this application by the Company, the Policy is to be issued to the Policyholder named above in accordance with the above information.

I understand that any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of fraud.

Signed at Wilmington State of DE, this day of (Month/Year)

by: Signature Applicant

Title

Agent:

## TRUST AGREEMENT

THIS TRUST AGREEMENT, is made and entered in this 22nd day of May, 1981 by Doris M. LeStourgeon, John R. Sodoma, and David Jones as Trustees and their successors in trust ("Trustees") and the Independent Schools joining in this Trust Agreement pursuant to paragraph 6 hereof ("Schools").

FOR AND IN CONSIDERATION of the mutual covenants contained herein and other good and valuable consideration, the parties hereto agree as follows:

1. Recitals. Schools desire to establish a student accident insurance plan and to this end they desire to establish a trust pursuant to the terms of this Trust Agreement to hold the group insurance policies which embody the terms of such plan. Trustees are willing to accept the trust upon the terms and conditions hereinafter set forth.

2. Establishment of Trust. Trustees declare that they will receive and hold such properties as may come into their hands as Trustees (all such property being called the Trust Estate) and agree to administer the trust for the exclusive purposes of providing student accident insurance to the Schools and defraying reasonable expenses of administering the plans. This trust shall be named the Independent School Student Insurance Trust ("Trust").

3. Duties of Trustees. The duties of the Trustees with respect to this Trust and the Student Accident Insurance Plan established pursuant to this Trust Agreement shall be limited to performing the duties specifically set forth in this paragraph 3.

a. Procurement of Insurance. Trustees shall make application to an insurance company or insurance companies duly authorized to conduct business in the appropriate states, as determined by Manager, hereinafter provided for, for the issuance of a policy or policies of student accident insurance to be issued to the Trustees, providing such coverage to the Schools and containing such limitations and conditions as the Trustees may from time to time determine in their sole discretion. The Trustees are empowered to terminate any such insurance contracts and may replace them with contracts of other duly licensed insurance carriers, and/or cause the said contracts of said insurance to be altered, amended or modified in such a fashion as the Trustees deem advisable. Any insurance dividends, experience rating refunds or other amounts which may come into the hands of

the Trustees shall be used to provide benefits to the Schools (including the establishment of such reserve funds as the Trustees, in their sole discretion, deem necessary or advisable) and/or to defray reasonable expenses of administering the plan, including expenses of administering the Trust, or to set up a claims stabilization reserve.

b. Contract With Service Organizations. Trustees may contract with a professional service organization ("Manager") to supervise the administration of the student accident insurance plans reflected in the insurance policies held by the Trust as adopted by each Employer, including the following:

1. Contacting and assisting Schools in the selection and implementation of student accident insurance plans pursuant to the terms of this Trust Agreement;
2. Performing the ministerial duties of administering the student accident plan, including supervision of billing and collection of premiums and other payments due from Schools, and taking such other actions as may be appropriate in connection with the administration of such plans from time to time.
3. Maintaining such records with respect to the student accident insurance plan as will enable the Trustees to discharge their obligations under the terms of this Trust Agreement.

It is expressly agreed and understood that amounts collected from the Schools by Manager are not, and shall not be considered to be, trust funds in the hands of Manager, and such collections may be commingled with the general assets of Manager.

However, nothing in this paragraph shall relieve Manager from its duty to pay the required payments to the insurance carriers when and as such premiums are due.

c. Employment of Consultants and Other Persons to Render Advice or Perform Services. The Trustees may contract with or otherwise employ and compensate one or more persons to render legal, actuarial, accounting, consulting, or any other advice to or to perform services for the Trust.

4. Matters Concerning Trustees

(a) Number and Selection of Trustees. There shall be three (3) Trustees. In the event of the resignation, death, disqualification, disability or refusal to act of a named Trustee, or his successor, a successor Trustee shall be appointed by the remaining Trustees then in office. Any successor Trustee appointed shall, upon his acceptance in writing of the terms of the Trust, be vested with all of the rights, powers

and duties of his predecessor. Notice of change in the Trustees shall be filed by the Trustees with the insurers. No vacancy or vacancies in the office of Trustees shall impair the power of the remaining Trustees to administer the affairs of the Trust.

b. Power of Trustees. The Trustees shall have all powers authorized by law and specifically all of the powers authorized by the laws of the State of Delaware. The Trustees are expressly authorized to allocate the powers and responsibilities herein conferred upon them among themselves as they shall specify and to delegate any or all ministerial powers or duties to the Manager or any other person retained to render advice or perform services for the Trust.

c. No Bond Required. Any Trustee serving hereunder is excused from posting any bond for serving in such capacity, unless such bond is expressly required by law.

d. Actions by Trustees. Decisions of the Trustees shall be made by a majority vote of the Trustees then in office and may be made at a meeting or upon written consent.

e. Meeting of Trustees. The Trustees shall meet as often as deemed necessary in Wilmington, Delaware, or such other places as agreed to by the Trustees. Meetings may be called by any Trustee by giving at least five (5) days written notice of the time and place of such meeting to the other Trustees.

f. Resignation of Trustees. A Trustee may resign by an executed written instrument to that effect to the remaining Trustees. Such resignation shall be effective when accepted by the remaining Trustees who shall act thereon within thirty (30) days after receipt thereof.

g. Compensation of Trustees. The Trustees shall serve without compensation, but they shall be reimbursed from the Trust Estate for all reasonable costs and expenses which they may incur in the performance of their duties as Trustees, including all costs arising out of any lawsuits, claims or other proceedings brought by or against the Trustees in connection with their duties as Trustees hereunder.

h. Liability of Trustees. Except as required by law, the Trustees shall not be liable for any action taken or omitted by them in good faith, nor for the acts of the Manager, attorneys or any other person or persons employed or selected by the Trustees with reasonable care. The

Trustees shall be protected in acting upon any paper or document believed by them to be genuine and to have been made, executed or delivered by the same party purporting to have made, executed or delivered the same, and shall be protected in relying and acting upon the opinion of counsel in connection with any matter pertaining to the administration or execution of this Trust. Except as required by law, no Trustee shall be liable for any act or omission of any other Trustee.

i. Dealings With Third Parties. No insurance carrier or other party, other than the Schools, shall be deemed a party to this Trust Agreement for any purpose or be deemed responsible for its validity and sufficiency. The obligations of any insurance carrier or other party contracting with the Trust shall be measured and determined solely by the terms and conditions of the group policy or policies or other contracts which may be involved. No party dealing with Trustees in relation to this Trust shall be obligated to see to the application of any money or property constituting the Trust Estate, or to see that the terms of this Trust have been compiled with, or to inquire into the necessity or expediency of any acts of Trustees. Any instrument executed by the Trustees shall be conclusive that:

1. At the time of the delivery of said instrument, the trust hereby created was in full force and effect;
2. That such instrument was executed in accordance with the terms and conditions contained in the Trust Agreement; and
3. That Trustees were duly authorized and empowered to execute such instrument.

The receipt given by Trustees for any monies or other property received shall effectively discharge the person or persons paying or transferring same, and such person or persons shall not be bound to see to the applications thereof.

j. Books and Records. Trustees shall keep true and accurate books of account and records which shall be audited as requested by a majority of Schools, such audit to be conducted at the expense of Employers. The records of Trustees shall be open to inspection by representatives of Schools at all reasonable times.

5. Duties of School. Each School who is or becomes a party to this Trust Agreement shall abide by all of the terms and conditions hereof,

and any rules and regulations which may be attached hereto as an exhibit, as they may be amended from time to time by the Trustees in their sole discretion.

6. Joinder of Additional Schools. The Trustees may permit additional Schools to become parties to this Trust Agreement upon receipt of a written application from such a School containing the assumption by the School of the terms and conditions of this Trust, and upon such other terms and conditions as may be required by the Trustees from time to time consistent with the provisions hereof.

7. Termination of Schools. If any School defaults in its obligations hereunder, including the obligation to pay premiums, the participation of such School in this Trust Agreement shall cease and all services then subscribed to by such School shall be discontinued; provided, however, that School shall be given notice of said default, and if said default is not cured within thirty (30) days, the participation of said School shall then be finally terminated hereunder.

8. Termination of Trust. In the event that all Schools discontinue their required payments, or the Trust is otherwise terminated, then the Trustee shall either:

- a. Cancel all service agreements and insurance policies; or
- b. Transfer such service agreements and insurance policies to each individual employer in such amounts and in such a manner as School directs and as may be allowed by the various contract provisions. Any properties remaining in the Trust Estate shall be used to pay for services rendered or for premiums due on the group insurance policies, and any remaining properties shall be equitably distributed among the Schools then participating hereunder. Upon the disbursement of the entire Trust Estate and the cancellation or transfer of all policies, this Trust shall terminate.

9. Amendment of Trust Agreement. The provisions of this Trust Agreement may be amended or revoked at any time by an instrument in writing executed by the Trustees; provided, however, that no amendment shall alter or negate the primary purpose of this Trust as set out in paragraph 2 above.

10. Spandthrift Clause. Except as otherwise provided by law, no part of the Trust Estate, the insurance proceeds payable under the policies

held by the Trustees nor any other sums coming into the hands of the Trustees are to be subject to execution or other legal process for any obligation of any School in any manner, nor shall any School in any manner, nor shall any School have the power to sell or mortgage or encumber same, or any part thereof, nor anticipate the same, or any part thereof, by assignment or otherwise.

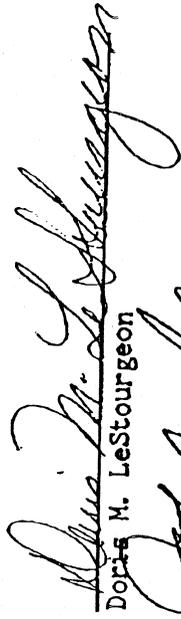
11. Limited Interest in Trust Estate. During the continuance of this Trust, no School, nor any person claiming by, through or under any School shall have any right, title or interest in or to the Trust Estate or any part thereof, except for such person's interest in any benefits provided under the applicable group insurance policy(ies).

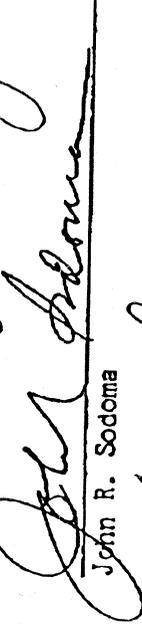
12. Severability. In the event any one or more provisions of this Trust Agreement shall be determined to be invalid or unenforceable by any court or other appropriate authority, the remainder of this Trust Agreement shall continue to remain in full force and effect, as if said invalid and unenforceable portion had not been included in this Trust Agreement.

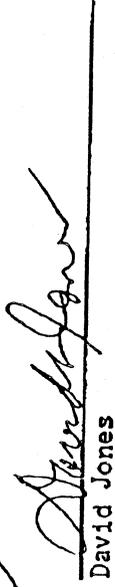
13. Governing Law. To the extent federal law is not controlling, this Trust shall be governed by the laws of the State of Delaware, and all questions pertaining to the validity or construction of said Trust Agreement shall be determined in accordance with the laws of Delaware.

IN WITNESS WHEREOF, this Trust Agreement has been executed as of the day and date first above written.

TRUSTEES:

  
Doris M. LeStourgeon

  
John R. Sodoma

  
David Jones

/mc



COMPANION LIFE INSURANCE COMPANY  
7909 Parklane Road, Suite 200, Columbia, South Carolina 29223-5666  
P.O. Box 100102, Columbia, South Carolina 29202-3102  
(803) 735-1251

Director of Compliance  
F. David Wythe, FLMI, HIA  
David.Wythe@companiongroup.com  
(803) 264-5008

January 6, 2012

TO: **Brian Stalder**  
Commercial Travelers Insurance Company  
70 Genesee Street  
Utica, New York 13502

#### Authorization

This letter, or a copy thereof, will authorize the consulting firm of Commercial Travelers Insurance Company, Utica, New York, to represent Companion Life Insurance Company in matters before the Insurance Department, with respect to the filing and subsequent responses for the following filings:

- (1) Student K-12
- (2) Blanket Student Accident and Sickness Filing
- (3) Blanket Intercollegiate Sports Filing

Companion Life Insurance Company

A large, stylized handwritten signature in black ink, appearing to read 'F. David Wythe'.

**F. David Wythe**  
Director of Compliance

COMPANION LIFE INSURANCE COMPANY  
TRUST ADOPTION AGREEMENT ENROLLMENT FORM  
[20XX-20XX] School-Year Plans | [PreK]-[12] Schools

Name of school \_\_\_\_\_  
 School Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Please complete the following:**

Opening date of pre-season practice\* \_\_\_\_\_  
 Opening date of school year\* \_\_\_\_\_  
 Closing date of school year \_\_\_\_\_

Total Anticipated Enrollment and Plans for [20XX-XX]										
All Plans MUST MATCH (all enrolled students must be covered)	Estimated Number of Students	Cost Per Participant	Premium		Estimated Number of Students	Cost Per Participant		Premium		
PREK (PK STUDENTS STARTING AT AGE 3)	80%				OR	100%				
Plan P (\$0 deductible)		x	\$X.XX	=		x	\$X.XX	=		
Plan P <sup>100</sup> (\$100 deductible)		x	\$X.XX	=		x	\$X.XX	=		
DAY STUDENTS (K And UP)	80%				OR	100%				
Plan D (\$0 deductible)		x	\$XX.XX	=		x	\$XX.XX	=		
Plan D <sup>100</sup> (\$100 deductible)		x	\$XX.XX	=		x	\$XX.XX	=		
BOARDING STUDENTS	80%				OR	100%				
Plan B (\$0 deductible)		x	\$XX.XX	=		x	\$XX.XX	=		
Plan B <sup>100</sup> (\$100 deductible)		x	\$XX.XX	=		x	\$XX.XX	=		
<b>OPTIONAL COVERAGE</b>	80%				OR	100%				
Catastrophic Supplement** Plan C		x	\$X.XX	=		x	\$X.XX	=		
<b>Total estimated premium</b>	=					=				

\*\*Catastrophic supplement not available in Oregon

**Minimum premium is \$250**

**Send this form** – along with a check for \$250, payable to Commercial Travelers, as a deposit credited toward the total premium to be billed in September, 20XX to:

**Commercial Travelers Mutual Insurance Company**  
**P.O. Box 827586**  
**Philadelphia, PA 19182-7586**

The undersigned hereby requests participation in the Independent School Student Accident Insurance Trust, which is established for the purpose of holding and administering the Group Policy under which participating schools secure student accident insurance. The undersigned agrees, if accepted for participation, to abide by the provisions of the Trust and the insurance plans selected by the Trustees, and to cooperate fully with the Trustees and the Professional Manager selected by the Trustees. The undersigned acknowledges that the Trustees have made no representations to him/her, that any representations to him/her were made by the Professional Manager (Independent School Management, Inc.), and thereby agrees to look only to the Professional Manager in the event of any dispute from such representation. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Approved for the school by: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*IMPORTANT NOTICE**

- In no event can coverage be effective prior to the [August 1, 20XX] plan effective date.
- Coverage cannot be effective prior to the receipt of this signed Trust Adoption Agreement and \$250 deposit.
- This Plan is not available in FL, ID, KS, LA, MN, NC, NY, OK, OR, SD, UT and WA; please contact ISM for the alternate plan.

**COMPANION LIFE INSURANCE COMPANY  
TRUST ADOPTION AGREEMENT ENROLLMENT FORM**

20XX SUMMER SCHOOL/CAMP PLANS  
(EXCLUDING TACKLE FOOTBALL AND ANY FALL PRE-SEASON ATHLETIC PRACTICE)

Name of school \_\_\_\_\_  
 School Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Please complete the following:

**20XX summer school/camp program dates**

Opening date of first summer session\* \_\_\_\_\_

Closing date of last summer session\* \_\_\_\_\_

Number of sessions you anticipate holding \_\_\_\_\_

Please indicate Plan(s) and anticipated enrollment. (All enrolled students/campers must be covered.)

Session of 14 Days or Less				
	Estimated Number of Participants		Cost Per Participant	Premium
Day				
S1-Excess coverage** \$0 deductible		x	\$X.XX	=
or				
S1-100-Excess coverage** \$100 deductible		x	\$X.XX	=
Boarding				
S3-Excess coverage** \$0 deductible		x	\$X.XX	=
or				
S3-100-Excess coverage** \$100 deductible		x	\$X.XX	=
<b>Total anticipated premium</b>				=

Session of 15 Days or More				
	Estimated Number of Participants		Cost Per Participant	Premium
S2-Excess coverage** 0 deductible		x	\$X.XX	=
or				
S2-100-Excess coverage** \$100 deductible		x	\$X.XX	=
Boarding				
S4-Excess coverage** \$0 deductible		x	\$X.XX	=
or				
S4-100-Excess coverage** \$100 deductible		x	\$X.XX	=
<b>Total anticipated premium</b>				=

*\*\*In PA, IL and NH only, the Excess Provision applies after the first \$100 of eligible expense.*

**Minimum premium is \$100**

Send this form – along with a check for \$100, payable to Commercial Travelers, as a deposit credited toward the total premium to be billed in September, 20XX to:

**Commercial Travelers Mutual Insurance Company  
P.O. Box 827586  
Philadelphia, PA 19182-7586**

The undersigned hereby requests participation in the Independent School Student Accident Insurance Trust, which is established for the purpose of holding and administering the Group Policy under which participating schools secure student accident insurance. The undersigned agrees, if accepted for participation, to abide by the provisions of the Trust and the insurance plans selected by the Trustees, and to cooperate fully with the Trustees and the Professional Manager selected by the Trustees. The undersigned acknowledges that the Trustees have made no representations to him/her, that any representations to him/her were made by the Professional Manager (Independent School Management, Inc.), and thereby agrees to look only to the Professional Manager in the event of any dispute from such representation. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Approved for the school by: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*IMPORTANT NOTICE**

- Coverage cannot be effective prior to the receipt of this signed Trust Adoption Agreement and \$100 deposit.
- This Plan is not available in FL, ID, KS, LA, MN, NC, NY, OK, OR, SD, UT and WA; please contact ISM for the alternate plan.

## EXPLANATION OF VARIABLES

### Blanket Student Accident Only Policy CLSA-1006(ISIT) and Blanket Student Accident Summer School Policy CLSA-1006(ISIT)(SC)

#### Blanket Student Accident Only Policy CLSA-1006(ISIT):

1. On page 2, Schedule of Benefits and Rates:
  - a. The optional sickness rider coverage is bracketed to be added if the benefit is selected; and
  - b. The premiums for the various plans are bracketed. The premium will vary depending on what percentage the Participating School selects; 80% or 100%, \$0 or \$100 deductible and what grades the plans will cover.
  - c. Coverage can be provided to fit the needs of a particular participating school:
    - i. Pre-Kindergarten or Kindergarten through 12<sup>th</sup> grade; or
    - ii. Pre-Kindergarten or Kindergarten through 8<sup>th</sup> grade.
2. On page 6, the benefit amounts under the Accidental Death, Dismemberment and Loss of Sight:
  - a. The Loss of Life and Loss of both Hands, both Feet, or Sight of Both Eyes can have a benefit of \$1,000.00 to \$10,000.00 depending on what the policyowner selects; and
  - b. The Loss of One Hand, One Foot, or Sight of One Eye benefit can be \$500.00 to \$5,000.00 depending on what the policyowner selects.
3. The Application for Blanket Student Accident Insurance, form number CL-ISIT-APP(2012) contains variables for the effective and anniversary dates under question #4.

#### Blanket Student Accident Only Policy –Summer School/Camp Policy CLSA-1006(ISIT)(SC):

1. On page 2, Schedule of Benefits and Rates:
  - a. The premiums for the various plans are bracketed. The premiums will vary depending on the Participating School's selections; \$0 or \$100 deductible and if the sessions will be 14 days or less or 15 days or more.
2. On page 5, the benefit amounts under the Accidental Death, Dismemberment and Loss of Sight:
  - a. The Loss of Life and Loss of both Hands, both Feet, or Sight of Both Eyes can have a benefit of \$1,000.00 to \$10,000.00 depending on what the policyowner selects; and
  - b. The Loss of One Hand, One Foot, or Sight of One Eye benefit can be \$500.00 to \$5,000.00 depending on what the policyowner selects.
3. The Application for Blanket Student Accident Insurance, form number CL-ISIT-APP-SC(2012) contains variables for the effective and anniversary dates under question #4.

SERFF Tracking Number: CMTR-128299102 State: Delaware  
Filing Company: Companion Life Insurance Company State Tracking Number: 48516  
Company Tracking Number: CLSA-1006(ISIT) - GENERIC  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Blanket Accident Insurance Policy  
Project Name/Number: ISM/Trust - Generic/CLSA-1006(ISIT)  
Draft Schedule Item(s) exist

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Jennifer Dawson (LRF)	05/14/2012	05/14/2012