



**EXCESS INSURANCE**

**POLICY DEFINITIONS:** 'Covered Accident' means bodily injury of the insured that results directly and independently of all other causes from a covered accident occurring while the policy is in force. Self-inflicted injuries caused by prolonged over exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the accident policy. "Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below; services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident. "Pre-Existing Condition" means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one accident. "Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts. "At-School Accident Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours; traveling by school van or bus directly and without interruption to or from the covered person's residence and the school for regular school sessions for such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed. "Sports Participants" applies when a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition or middle school sports at or away from school premises. No benefits are payable for practicing for or participating in camps or sports leagues. Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Certificate issued to the school district and on file for your review. "Effects of Other Coverage" means the insurance coverage provided under the school policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident. Third party subrogation rights are reserved. Total payments by all insurance plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

**POLICY EXCLUSIONS: The Manatee County Schools Student Accident Insurance Policy DOES NOT COVER the following:**

1. Participation in any organized sports camps, practices, games or league practices or competitions. 2. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedures and services. Treatment for injury or function of tooth caused either by decay, infection or the breakdown of a dental restoration. 3. Pathological fractures, stress fractures, boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care. 4. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Hysterical Reactions, or similar conditions. 5. Any form of fighting or brawling or criminal or felonious assault or the Insured being engaged in an illegal occupation. 6. Services or treatment rendered as a part of the Member school service by a hospital, physician, or person employed or retained by the Member, or by a person related to the Insured by blood or marriage. 7. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle, except that eligible medical expenses not collectible from other valid coverage will be payable up to \$2,000.00 in total. 8. Intentionally self-inflicted injury. 9. War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection. 10. Injuries sustained by the Insured for which benefits are paid or received under any Workmen's Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member. 11. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route. 12. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle or two (2) or three (3) wheeled motor vehicle. 13. The use of or while under the influence of drugs unless administered as prescribed by a physician. 14. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. 15. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date. 16. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage. 17. Snow skiing, snow tubing, snowboarding, water skiing, wake boarding, surfboarding, hydro sliding, or jet skiing or using any "personal watercraft" as defined by Florida Statutes. 18. Injury as a result of skateboarding. 19. Miscellaneous supplies and medications, except those administered while hospital confined or when treated in the emergency room. 20. Participation in organized classes, practices or competitions in boxing, wrestling, self-defense, or martial arts, including but not limited to Karate, Aikido, Tae Kwon Do, Jujitsu, Kung Fu, kickboxing or weapons training unless the organized program is exclusively sponsored, funded, and scheduled by the Manatee school district Board of Education to which the Policy is issued, and directly supervised by a Manatee school employee. 21. Any expense for which a benefit is not listed. *This description of insurance is not a contract and summarizes the Policy # 09-0145-2025 provisions, benefits and exclusions. Additional policy provisions and exclusions apply. Any difference between the policy and this description will be settled according to the provision of the Master Policy issued to the School Board.*

**HOW TO FILE A CLAIM**

1) You must file your claim with any primary insurance first, (except Medicaid). Then, obtain a claim form from the Principal, Coach or Athletic Director's Office or [www.Schoolinsuranceofflorida.com](http://www.Schoolinsuranceofflorida.com). Instructions are on the claim form. **It is the parent's responsibility to make sure that the completed claim form is submitted to School Insurance of Florida's office within 90 days after the date of the accident. Claims may not be paid if received after 90 days from the accident date. It is the parent/guardian's ultimate responsibility to pay for student's medical expenses not paid by the school policy.**

2) The school policy will not pay for any expense that can be obtained from any other valid form of primary insurance or coverage. It is the parent's total responsibility to file the claim with any other available insurance or valid source of coverage first and then provide *School Insurance of Florida* with evidence of what primary insurance has paid. School insurance policy benefits cannot be paid based upon 'balance due' statements. For more detailed information on How to File a Claim go to [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com).

**Important Note: Please do not leave the claim form with the Hospital or Doctor's Office.** It is the parent's responsibility to make certain that the student's accident is reported to *School Insurance of Florida* no later than 90 days after the date of accident to be eligible for policy benefits.

IF YOU HAVE CLAIM OR COVERAGE QUESTIONS CONTACT: SCHOOL INSURANCE OF FLORIDA's office. Local: 407-798-0290

Address: P.O. BOX 784268 - WINTER GARDEN, FL 34778 Phone: 800-432-6915 FAX: 407-798-0296. Web: [www.schoolinsuranceonline.com](http://www.schoolinsuranceonline.com)

**IMPORTANT**

**Manatee students may not be allowed to participate in 'JROTC special activities' until the school has confirmation from School Insurance of Florida that the Special Activities Enrollment Form and payment has been received or the student has enrolled online.**

Parents can easily and quickly enroll on-line and pay for the 'activities fee' by credit card by going to [www.schoolinsuranceonline.com](http://www.schoolinsuranceonline.com). When enrolling on-line, you will be able to print out an ID Confirmation of Payment Card immediately. If you are mailing in your payment and require an ID card mailed back to you, you must include a self-addressed and stamped envelope so we may mail the card back to you. **If you enroll online, you will receive an ID card immediately.**

**If parents elect to mail-in enrollments, send the completed Enrollment Form and payment to:**

**School Insurance of Florida**

**P.O. Box 784268**

**Winter Garden, Fl. 34778-4268**