

9. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
11. Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
12. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
13. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.

OPTIONAL CATASTROPHIC PLANS

\$1,000,000 Catastrophic Accident Medical Expense Benefit

A School may elect additional coverage in the form of a Catastrophic Plan. This supplemental plan includes a Maximum Medical benefit of \$1,000,000 with a ten year benefit period. A \$25,000 deductible applies which must be satisfied by expenses paid under the base plan, paid by other insured plans, or paid by the insured within the 24 month period immediately following the accident. The first eligible expense must be incurred within 26 weeks of the date of the covered accident. Home Health Care Benefits are limited to \$30,000 per year.

\$500,000 Catastrophic Cash Benefit for Total Disability

A School may also elect to add Catastrophic Cash Benefits. This plan will pay a maximum benefit of up to \$500,000 beginning with a lump sum benefit amount of \$100,000, if a covered accident results in paralysis,* coma or brain death, and any of these conditions continue for six consecutive months. As long as total paralysis, coma or brain death continues, subsequent benefit amounts of \$40,000 per year will be paid until the maximum benefit amount is reached. Paralysis, coma or brain death must occur within 180 days from the date of the accident and continue for a period of six consecutive months. The annual benefit amounts will not exceed ten years in duration. This benefit is payable in addition to the Accident Medical Expense Benefit.

This information is a brief description of the important benefits and features of the K-12 Accident Medical Insurance provided by Starnet Insurance Company, a Berkley Group Company. It is not a contract. Full terms and conditions of coverage including effective dates of coverage, benefits and exclusions, are set forth on policy form AH51051. Any policy Starnet Insurance Company offers to issue will be subject to the laws of the jurisdiction in which it is issued.

Arranged by:

Midland Service Agency, Inc.

Recognized leaders in the design and administration of insurance programs for Christian Schools

Principal Office:

136-140 HARDING WAY EAST; GALION, OHIO

Mail to

P. O. BOX 87; GALION, OHIO:44833-0087

QUESTIONS: CALL 1-800-886-2896 EXT 301

UNDERWRITTEN BY: **STARNET Insurance Company,
a Berkley Company**

Form Number: CEIT1216--FLORCFL

2016-2017 SCHOOL YEAR

*Plan Especially Designed for Students of the
Florida Conference*

SCHOOL TIME ACCIDENT
INSURANCE FROM



**CHRISTIAN EDUCATORS INSURANCE
TRUST**

Serving Christian
Education in America

500 Primary /Excess STMVTC008002

Catastrophe Policy STCVTC001000

Effective 08/15/16 thru 08/14/2017