



**2017-2018  
School Year**

# Oregon Federation of Independent Schools



# Student Accident Insurance Programs

Administered  
by:



myers | stevens | toohey

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[www.myers-stevens.com](http://www.myers-stevens.com)

Local Service Agent:



**BELL-ANDERSON**  
600 SW 39th St. #200, Renton, WA 98027  
(800) 442-1281

Underwritten by:



**ACE American Insurance Company**  
436 Walnut St., Philadelphia, PA 19106



As a School Administrator, you want to know that your students and your School will be protected with a quality insurance plan, that your students' claims will be processed quickly and that premiums will be affordable. When a student is injured during a School Activity, it may cause financial difficulty for the parents and potential expense for your school. Our Student Accident Insurance program is designed to help!

Here are highlights of our programs that we believe will help provide the highest quality student accident insurance plan available:

- Full Service Administration
- Conveniences to Parents
- Industry Leader
- Quality Focused Products
- On-Site Claims Adjudication
- Quality Focused Service

An explanation of the coverage your local agent is providing for your school and administered by Myers-Stevens & Toohey & Co., Inc. is on the next page. This brochure contains a brief description of the benefits available under the insurance programs. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in this state, delivered under form numbers AH-11648a-OR and AH-29600-OR. The policy is subject to the laws of the state in which it is issued. Complete details may be found in the policies. Please contact your agent for additional information.



# Base Plans Available

## School-Time Accident Plan

(choice of \$25,000 or \$100,000 maximum)

### Covers injuries caused by covered accidents occurring:

- on School premises during the hours and on days when the School's regular classes are in session, including one hour immediately before and one hour immediately after regular classes, while the Covered Person is continuously on the School premises; and
- while the Covered Person is participating in or attending School-sponsored and directly supervised activities including interscholastic athletic activities and non-contact spring football (except interscholastic high school tackle football unless purchased separately by the School); and
- while traveling directly and without interruption: to or from residence and School for regular attendance; or School and off-campus site to participate in School-sponsored and directly supervised activities, provided travel is arranged by and is at the direction of the School;
- while traveling in School Vehicles at any time; and
- away from School premises while the Covered Person is participating in or attending any one day School Activities

This plan includes a \$1,000 Emergency Sickness Benefit and \$10,000 Accidental Death and Dismemberment Benefit.

## Boarding Student Accident Plan

(\$100,000 maximum)

**Covers injuries caused by covered accidents occurring 24-hours a day, anywhere in the world, during the regular School Year and while enrolled as a boarding student at the School.**

Coverage begins at 12:01 a.m. on September 1, 2017 or first day of School, which ever is later. Coverage ends at 11:59 p.m. on August 31, 2018.



# Supplemental Plans to Add to Your Base Plans

## Interscholastic Tackle Football Plan

(choice of \$25,000 or \$100,000 maximum)

Covers Injuries caused by Covered Accidents occurring while:

- practicing or playing in interscholastic high school tackle football activities which are School-sponsored and directly supervised, including spring practice and summer conditioning, weight training and passing league; and
- traveling for football in a School Vehicle as a representative of the School and under the direct supervision of a full-time School employee.

Coverage begins at 12:01 a.m. on the latest of the following dates: the day the Company receives the completed underwriting questionnaire or September 01, 2017. Coverage ends at 11:59 p.m. on August 31, 2018.

Rates for Interscholastic Tackle Football plans will vary depending on deductible option chosen.

## Blanket Dental

Covers injuries to teeth caused by covered accidents occurring anywhere in the world, 24-hours a day, including participation in all sports and all forms of transportation.

The "benefit period" under the dental plan provides accident dental benefits for up to one year from the date of first treatment. However, the benefit period for an injury may be extended up to an additional year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P - 12, and written notice is received by the company at the time of injury that further treatment will be deferred to a later date.

Coverage is not limited to treatment of sound, natural teeth. We pay up to 100% of the Usual and Customary Charges for treatment of injured teeth, including repair or replacement of existing caps and crowns. (We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.)

## Short-Term 24-Hour Coverage

Both the frequency and severity of injuries tend to increase when students are not directly supervised. Covers students round-the-clock when participating in School-sponsored, but not necessarily directly supervised activities, such as: ski trips, camping, overnight, amusement parks, etc.

Adult chaperones may be added at the same rate.

Benefits: **100%** Usual and Customary Charges for covered expenses

Maximum per covered accident: **\$25,000**

Maximum per emergency sickness: **\$1,000**

Rate: **\$1.75** per person per day

Minimum premium required: **\$35**

**Includes Benefits for Emergency Sickness, Repatriation of Remains and Emergency Medical Evacuation.**

*Refer to the underwriting questionnaire for further details. Additional catastrophic benefits of up to \$1,000,000 excess medical and up to \$500,000 accident benefit as underwritten by Ace American Insurance Company.*

## Worldwide Short-Term Travel Coverage- NEW FOR 2017-2018!

The brand new Worldwide Short-Term Travel Insurance plan provides excess Accident and Sickness Medical Coverage and Accidental Death & Dismemberment coverage for participants in school-sponsored groups traveling abroad.

Adult chaperones may be added at the same rate.

Benefits: **100%** Usual and Customary Charges for covered expenses

Maximum per covered accident or illness: **\$25,000**

Emergency Reunion Benefit: **\$2,500**

Rate: **\$2.10** per person per day

Minimum premium required: **\$35**

**Includes Additional Travel Assistance Services, Lost Luggage Coverage, Repatriation of Remains and Emergency Medical Evacuation.**

*Refer to the underwriting questionnaire for further details. Additional catastrophic benefits of up to \$1,000,000 excess medical and up to \$500,000 accident benefit as underwritten by Ace American Insurance Company.*

# Optional Plans for Parent Purchase

**Important:** In order for these optional plans to be made available to the parents for purchase, the student enrollment forms must be distributed at the beginning of the School Year.

## Our Full-Time (24/7) Accident Plan

(\$100,000 maximum)

**Rate: \$244.00**

- Covers injuries caused by covered accidents occurring 24 hours a day, anywhere in the world and while participating in interscholastic sports, except high school tackle football
- Benefits paid at 100% Usual and Customary amount
- No deductibles
- No inside limits
- No co-pay
- School employees may also enroll

## Our Dental Accident Plan

(\$75,000 maximum)

**Rate: \$12.00**

Students (grades P-12) may enroll in this plan. Covers injuries to teeth caused by covered accidents occurring 24 hours a day, anywhere in the world, including participation in all sports and all forms of transportation.

We do not pay for damage to or loss of dentures or bridges or damage to existing orthodontic equipment.

The coverage provides a "Benefit Period" of accident dental benefits for up to one year from the date of first treatment. The benefit period for an injury may be extended up to an additional year, provided that: coverage is renewed prior to October 1, the student remains enrolled in grades P-12, and written notice is received by the Company at the time of injury that further treatment will be deferred to a later date.

## Our Student Accident & Sickness Plan

First Payment\* **\$225.00**

Subsequent payments\*\* **\$366.00** every 2 months

Covers Accidents and covered sicknesses commencing during the period of time for which coverage has been purchased. Your student will be insured 24 hours a day, anywhere in the world, including participating in all interscholastic sports, except high school tackle football. Remains Repatriation and Medical Evacuation benefits are included.

- \$200,000 maximum coverage per covered accident
- \$50,000 maximum coverage per covered sickness
- \$10,000 maximum Remains Repatriation and Medical Evacuation benefits
- \$10,000 accidental death and dismemberment benefit
- \$50 deductible per covered accident or covered sickness

Any student attending a participating School or School District is eligible to purchase the Student Accident & Sickness Plan. Payment for the Student Accident & Sickness Plan may be made on an installment basis. The first payment provides coverage for the remainder of the month premium is received by the Company plus the following month. Thereafter, premium is billed and payable every two months.

\*First Payment covers the remainder of that month in which it was paid and the month following.

\*\*Subsequent payments cover an additional two-month period and is billed every 2 months.

## Effective and Termination Dates

24/7 and Dental plans: Coverage begins at 11:59 p.m. on the day the Company receives the completed enrollment form and premium. Coverage ends at 12:01 a.m. on the date School begins regularly scheduled classes for the following School Year.

Student Accident & Sickness plan: Coverage begins at 11:59 p.m. on the day the Company receives the completed Coverage Request Form and premium. Coverage ends at 11:59 p.m. on the last day of the month for which payment has been made. Coverage may be continued for up to 12 calendar months, or through September 30, 2018, whichever comes first, provided the required payments are made.

# Schedule of Benefits

*Applies to all plans except the Dental Accident Plan*

We will pay benefits only for covered injuries sustained (or covered Sickness if this coverage is purchased) while insured under this School Year's plan.

Benefits payable will be based on the Usual and Customary Charges incurred for covered medical and dental services, as defined by the Policy, subject to exclusions, requirements and limitations. We do not pay for a service or supply unless it is Medically Necessary and listed in the Description of Benefits below. Applicable benefits mandated by the state will be included in the covered expenses. The covered person may go to any licensed medical provider of their choice, however, seeking Treatment through a *First Health* contracted provider may reduce your out-of-pocket costs.

To find participating *First Health* medical providers nearest you, call 800-226-5116 or log on to [www.myfirsthealth.com](http://www.myfirsthealth.com).

	School-Time Plan (Provided by School)	Full-Time 24/7 (Optional)	Student Accident & Sickness Plan (Optional)
Deductible Per Covered Accident/Sickness	\$0	\$0	\$50
Hospital Room and Board (Semi Private Room Rate)	100%	100%	80%
Inpatient Hospital Miscellaneous Charges	100%	100%	80% to \$4,000 per day
Intensive Care - Paid up to	100%	100%	80%
Hospital Emergency Room (room & supplies) incurred within 72 hrs of an injury	100%	100%	100%
Outpatient Surgical (room & supplies)	90%	100%	80% to \$4,000
Doctor Non-Surgical Treatment and Examination (excluding physical therapy); including Consultation (when referred by attending doctor)	90%	100%	80%
Surgeon Services	90%	100%	80%
Assistant Surgeon Services	90%	100%	80%
Anesthesiologist Services	90%	100%	80%
Physiotherapy (includes related office visits) When prescribed by a doctor	100% to \$1,000	100%	80% to \$2,000
Diagnostic X-Ray Examinations	100%	100%	80%
Diagnostic Imaging - MRI, Cat Scan	100% to \$1,800	100%	80%
Ambulance (from site of covered loss directly to hospital)	100%	100%	100%
Laboratory Procedures, Registered Nurse Services and Rehabilitative Braces	100%	100%	80%
Durable Medical Equipment	100% to \$700	100%	80%
Prescription Drugs (for injuries only)	100%	100%	80%
Dental Services (including dental x-rays) for treatment to due to a covered accident	100% to \$500 per natural tooth	100%	80%
Eyeglass Replacement (for replacement of broken eyeglass frames or lenses resulting from a covered accident requiring medical treatment)	100% to \$300	100%	80%
Medical Evacuation & Repatriation of Remains	\$0	\$0	100% to \$10,000
Emergency Sickness Benefit	\$1,000	N/A	N/A

## Benefits for Accidental Death, Dismemberment, Loss of Sight, Paralysis and Psychiatric/Psychological Counseling Benefits

*(applies to all plans except Dental Accident Plan)*

In addition to accident and sickness benefits, if, within 365 days from the date of accident covered by the policy, such bodily injuries result in any of the following permanent losses, we will pay the benefit set opposite such loss. Only one such benefit (the largest) will be paid for all such losses due to any one accident.

- Accidental Death \$10,000
- Single dismemberment or entire loss of sight in one eye \$20,000
- Double dismemberment or entire loss of sight in both eyes, or paraplegia or hemiplegia or quadriplegia \$30,000

Counseling - In addition to the AD&D benefits, we will pay 100% of the Usual and Customary Charges of psychiatric/psychological counseling needed after covered dismemberment, loss of sight or paralysis up to \$5,000

# Exclusions and Limitations

## Exclusions

Benefits are not payable under the Policy for any of the following or losses that results there from:

1. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment.
2. War or any act of war, whether declared or not.
3. Participation in a riot or insurrection; fighting or brawling, except in self-defense; commission of or attempt to commit a felony or violating or attempting to violate any duly enacted law.
4. Suicide, attempted suicide or intentionally self-inflicted injury.
5. Injury caused by, attributed to or resulting from the Insured's being legally intoxicated as defined by the laws of the state in which the Accident occurs or use of illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured's doctor.
6. Practice or play in interscholastic high school tackle football (unless separate football coverage is purchased), intercollegiate sports; semi-professional sports; or professional sports. (Does not apply to the Dental Accident Plan).
7. Injury covered by Worker's Compensation, Employer's Liability Laws, or similar occupational benefits.
8. Treatment, services or supplies provided by the School's infirmary or its employees, or doctors who work for the School, or by any member of the Covered Person's immediate family;
9. Covered medical expenses for which the Insured would not be responsible for in the absence of this Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon.
10. Mental or nervous disorders. (Unless provided by the policy)
11. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food which is in the filed form and will need to be added to the policy. (Does not apply to the sickness only coverage under the Student Accident and Sickness Plan)
12. The diagnosis and Treatment of non-malignant warts, moles and lesions, acne or allergies, including allergy testing.
13. Injury or death sustained as a result of riding in or on, entering or alighting from, a two or three-wheeled motor vehicle.
14. Treatment of detached retina (unless directly caused by an injury), osteomyelitis, or pathological fractures or hernia. (Does not apply to the sickness only coverage under the Student Accident and Sickness Plan)
15. Any expense related to the treatment of tonsils, adenoids, epilepsy, seizure disorder or congenital weakness.
16. Expenses payable by any automobile insurance policy without regard to fault.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

## Requirements and Limitations

Aggravations of injuries which did not occur while insured under this plan are paid up to \$500 maximum benefit per policy term. Injuries sustained as a result of riding in or on, entering or alighting from or being struck by a Motor Vehicle are limited to a \$5,000 maximum benefit (up to \$10,000 if vehicle is a School Vehicle). Some Motor Vehicle injuries are not covered - see exclusions above for details. School-time and interscholastic high school tackle football injuries must be reported to the School within 72 hours of the date of Injury. The first doctor's visit must be within 180 days after the accident occurs or sickness commences. A claim form must be filed with Myers-Stevens & Toohey & Co., Inc. within 90 days after the date of first doctor's visit or as soon as reasonably possible. The plan pays for covered expenses incurred within up to a year from the date of the first doctor's visit (may be extended for certain injuries and plans). Each covered condition may be subject to a deductible - see plan details.

## Excess Provision

In order to keep premiums as affordable as possible, these plans pay benefits on an excess basis. This means, if a person is covered by one or more of these plans and by any other valid insurance or health agreement, any amount payable or provided by the other coverages will be subtracted from the covered expenses and we will pay benefits based on the remaining amount.

# Catastrophic P-12 Accident Insurance

Despite taking the best of precautions, students still may sustain a serious Injury. It may happen while going to School, in sports, on field trips and simply being in a classroom. By providing Catastrophic Injury Coverage, you can help your seriously injured students:

- 1) Access the care they need;
- 2) Ease the financial concerns of their families;
- 3) Obtain necessary rehabilitation services;
- 4) Provide for “final expenses” if needed;
- 5) Promote healing of the community as a whole;
- 6) Reduce potential liability costs for your district/school.

William Shook, Risk Manager for Stockton Unified School District, writes: ***The death of a high school football player is always a tragic event...We believe the catastrophic coverage was the absolute correct insurance to have had in place when this event occurred.***

And following the paralysis of one of her football players, Sister Sara Kane CSJ, Superintendent of Catholic Schools, writes: ***We would not have been able to provide the level of support that was offered without this catastrophic policy. We believe that catastrophic coverage is a necessity for the protection of the students we serve. We are grateful to you and your company for providing this policy and excellent service over these past years.***

Providing catastrophic coverage for all of your students can help families with final expenses in the event of an accidental death and reduce potential liability costs to your district.

## **This coverage consists of five components:**

- Accident Medical Expense
- Catastrophic Accident Benefit
- Accidental Death & Dismemberment, Loss of Sight, Speech or Hearing Benefits
- Crisis Management Benefit
- Seatbelt & Airbag Benefit

## **There are five coverage options:**

- Interscholastic Athletics/Activities Coverage
- Student Activities Coverage
- Religious Education Activities Coverage
- Adult/parent Volunteers Coverage
- Summer Sports and Conditioning

There are two Accident Medical Maximum Benefit options:

- Option 1 - \$1,000,000 Maximum Accident Medical
- Option 2 - \$5,000,000 Maximum Accident Medical

All enrolled students and volunteers of the participating school/district are eligible.

Please refer to separate underwriting questionnaire for further details.





# Catastrophic P-12 Accident Insurance Exclusions

We will not pay benefits for any loss or injury that is caused by or results from:

1. Intentionally self-inflicted injury, suicide or attempted suicide; committing or attempting to commit a felony; an assault or other criminal activity.
2. Injury or loss sustained due to the use of alcohol or drugs, unless administered by a doctor.
3. Any Injury that is caused by: (a) Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline; (b) parachuting, skydiving, parasailing, hang-gliding; (c) Travel in or on any off-road Motorized Vehicle not requiring licensing as a Motor Vehicle; (d) an Accident if the Insured is the operator of a Motor Vehicle and does not possess a valid Motor Vehicle operators's license, except while participating in Driver's Education Program.
4. War or any act of war, whether declared or not.
5. Commission of or active participation in a riot or insurrection.
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical Treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
7. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household.
8. Injury covered by Workers' Compensation.
9. Expenses payable by any automobile insurance policy without regard to fault.
10. Covered medical expenses for which the Insured would not be responsible for in the absence of the Policy. Any exclusion of benefits for expenses which the Insured is not legally required to pay does not apply to charges made by a Hospital owned or operated by the State of Oregon.
11. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
12. Eyeglasses, contact lenses, hearing aids, repair or replacement of them, examinations or prescriptions for them, except for an Injury to the eye or ear while coverage is in effect.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including but not limited to, the payment of claims.

Accident Medical Expense Benefits are paid in excess of any other health care plan.

This is a brief description of the benefits available. A more in-depth description, including rates, can be found in a separate brochure.

## IMPORTANT NOTICE

Certain insurance plans described herein provide short-term limited duration sickness benefits. They do not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and do not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).

# Worldwide Exchange Student Accident & Sickness Plan

Eligible enrollees include all international participants with a current visa (if one is required), for your country of assignment who are temporarily residing outside their home country while actively engaged in educational or cultural exchange activities in the country of assignment through a sponsoring School or organization registered with the plan administrator, Myers-Stevens & Toohy & Co., Inc..

## Description of Benefits

**Accident or Sickness Maximum of \$500,000 • \$0 Deductible**

If a covered injury occurs or sickness commences during the period of coverage, and the Insured Person requires medical or surgical treatment, this Plan will pay **100%** of the Usual and Customary Charges for Covered Expenses as listed below, up to 365 days from the first date of service. Unless otherwise specified, the maximums below apply on a per covered accident or sickness basis:

- **Hospital Room & Board** - Semi-Private Room Rate
- **Inpatient Hospital Miscellaneous Charges**
- **Intensive Care Unit**
- **Hospital Emergency Room** (room & supplies) incurred within 72 hours of an Injury
- **Outpatient Surgical (room & supplies)**
- **Physician Non-Surgical Treatment & Exam** (excluding Physical Therapy)
- **Surgeon Services**
- **Assistant Surgeon Services**
- **Anesthesiologist Services**
- **Physiotherapy** (includes related office visits) when prescribed by a doctor
- **X-Ray Examinations** (including reading)
- **Diagnostic Imaging MRI, Cat Scan**
- **Ground Ambulance** (from site of an emergency directly to hospital)
- **Laboratory Procedures, Registered Nurse Services, and Rehabilitative Braces**
- **Durable Medical Equipment**
- **Out-Patient Prescription Drugs**
- **Eyeglass Replacement** (for replacement of broken eyeglass frames or lenses resulting from a covered Accident requiring medical attention)
- **Accident Dental Expense** (Injury to sound, natural teeth) up to \$100/tooth, \$500 maximum
- **Outpatient Back and Spine Disorders** up to \$250 maximum
- **Mental and Nervous Disorders** up to \$500 maximum

## Additional Benefits

- ✓ **REMAINS REPATRIATION – \$25,000 Maximum Benefit**
- ✓ **ACCIDENTAL DEATH, DISMEMBERMENT & PARALYSIS**
- ✓ **TRAVEL ASSISTANCE SERVICES**
- ✓ **MEDICAL EVACUATION – \$50,000 Maximum Benefit**
- ✓ **RETURN AIR FARE EXPENSE**

**Rate** - \$66 each monthly term

## Period of Coverage

**Effective Date of Insurance Coverage:** Provided the required premium is paid, your insurance coverage will become effective at 11:59 p.m. at your temporary place of residence in the country of assignment on the latest of: The Master Policy Effective Date; The Requested Effective Date of coverage as indicated on the coverage request form; or The date the coverage request form and the required premium are received by The Company.

**Termination of Insurance Coverage:** Your insurance coverage will terminate at 11:59 p.m. at your temporary place of residence in the country of assignment on the earliest of: The last day of the month for which your premium has been paid; The date you cease to be eligible for this insurance; The date you depart your country of assignment for your home country; or The date the Policy terminates.

Exchange Student Worldwide Medical Coverage underwritten by ACE American Insurance Company.  
Refer to separate enrollment form for further details.



# Enrollment Instructions

Enclosed you will find your underwriting questionnaire for the Student Accident Insurance Program. Please review the pre-printed information and make any necessary changes.

1. Please make sure your School name, address, phone and other information are correct.
2. Select the Maximum Benefits which best suits your needs.
3. Enter the total number of students enrolled in your School.
4. Multiply enrollment x premium and calculate the total.
5. If the football plan is needed, complete as indicated.
6. Do you wish to purchase Short-Term (24-Hour) Insurance or Catastrophic Accident Insurance? If so, please obtain a Coverage Request Form from the Company.
7. Please indicate the date you wish to receive your Student Accident materials. Be sure to choose a date when a School employee will be present to receive the materials.
8. Please sign and date and mail, fax or email your completed application to:

**Myers-Stevens & Toohey & Co., Inc.**

26101 Marguerite Parkway  
Mission Viejo, CA 92692-3203  
(800) 827-4695 • FAX (949) 348-2630 • [csmith@myers-stevens.com](mailto:csmith@myers-stevens.com)

9. If your School conducts activities which do not allow for the constant, immediate, and direct supervision of School authorities, in order to avoid incomplete coverage, refer to the Short-Term Travel Plan.

Your completed application may be faxed to (949) 348-2630 or mailed to Myers-Stevens & Toohey & Co., Inc. in the envelope provided as soon as possible in order for us to get your supplies to you on the dates you specify.



## Important

**Avoid misdirected mail and supplies by instructing your School personnel to destroy all “old” applications relating to the 2016-2017 School Year prior to receiving their new shipment of supplies for the 2017-2018 School Year.**

**Forms are available at [www.myers-stevens.com](http://www.myers-stevens.com)**

*Need help completing your form? Call our Marketing Department at 800-827-4695.*

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## The Insuring Company

# CHUBB®

### ACE American Insurance Company

436 Walnut St., Philadelphia, PA 19106

2017 Best Rated A++ (Superior)  
(A.M. Best Rating ranges from A++ to D)  
This rating is an indication of the company's financial strength and ability to meet obligations to its insureds.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.



# BELL-ANDERSON



600 SW 39th St. #200, Renton, WA 98027 (800) 442-1281