



1712 Magnavox Way PO Box 2338
Fort Wayne, IN 46801-2338
Phone: (800)237-2917
Fax: Property & Casualty (312) 381-9079
Fax: Participant Accident (312) 381-9077
www.kandkinsurance.com CA #0334819

INCIDENT REPORTING INSTRUCTIONS & EMERGENCY PROCEDURES

EMERGENCY PROCEDURES

1. **ACTION:** Follow your written plan and take appropriate care of all injured persons.
2. **NOTICE:** Incidents can happen anywhere. Advising K&K as soon as practical after an incident occurs surrounding your event, regardless of the location of the incident or whether or not you feel you are responsible for the bodily injury or property damage, is essential. If appropriate, an adjuster will be assigned immediately.
3. **STATEMENT:** Do not make any statements regarding the cause of the accident. Give no opinions or conjectures to anyone other than your insurance company representative.
DO NOT ADMIT TO LIABILITY. DO NOT INFER OR PROMISE TO PAY. Use only the acceptable statement: "The accident is under investigation," NOTHING MORE!
4. **INVESTIGATION:** Cooperate with your insurance company representative. Let this person make any and all conclusive investigations.
5. **WITNESSES:** Secure names, addresses and phone numbers (home and work) of witnesses as soon as possible after the accident. **NOTHING MORE!**
6. **WAIVER & RELEASE:** (If required) If insured person was in restricted area, locate signed Waiver and Release immediately and store in safe place. Send to the insurance company only by request and by registered mail. Retain photocopy of Waiver and Release for your file.
7. **LOCAL AUTHORITIES:** If the incident is investigated by local authorities, identify to K&K i.e. police, from what town, county and state.
8. **INCIDENT REPORT FORM:** Complete all information required and available within 24 hours. Minimum information should include facility name and address, date of accident, victim's name, address and phone number; family name and phone number if fatality; and the signature of the person that completed form.

Mail ASAP – nothing can be handled by the insuring company without this information.

**REMEMBER: NOTIFY K&K OF ALL INCIDENTS,
NOT JUST THOSE CATASTROPHIC IN NATURE.**

PREPARE FOR EMERGENCIES

1. Have a qualified person designated to make ALL private, public or media statements. Make all personnel aware that only the designated statement person inquires about a loss.
2. Make a separate qualified person designated for all emergency medical, fire and security operations.
3. Have adequate personnel on site: security, medical, and fire protection services and equipment. "Adequate" means proper and prudent for your anticipated attendance and event activity.
4. Have backup personnel and equipment, including backup power sources, in place to maintain event integrity.
5. Have a written crisis management plan that addresses all "worst scenario" situations, including evacuation.
6. Train and practice all emergency procedures.
7. If policy wording requires it, have adequate supplies of Waiver and Release forms. Have adequate accident reporting forms on site. Those who must sign a Waiver and Release form are those persons practicing and/or participating in any athletic event sponsored by you, as well as anyone entering a restricted area, which is generally defined as any area where admittance to the general public is prohibited.
8. Have the name and number of your Insurance Contact posted prominently. In case of a major spectator loss or fatality, K&K's 24-hour number is 260-459-5000. Have one person responsible for this call. Call K&K direct; do not rely on a Broker, etc. to relay the call.



on behalf of Nationwide Insurance

**SPECIALTY
BENEFITS, INC.**

an affiliate of K&K Insurance Group, Inc.

1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801-2338
(800) 237-2917 Fax (312) 381-9077
In Canada (800) 753-2632
http://www.kandkinsurance.com
CA (#0334819)

ATHLETE ACCIDENT CLAIM FORM

File your claim promptly. Failure to do so could result in a denial of coverage. Consult the policy for the time limits for reporting and filing a claim.

1. Name: Last: _____ First: _____ Init: _____
2. Date of birth: _____ Social security number: _____ Sex: ☐ Male ☐ Female
3. Home Address: Street: _____
City: _____ State: _____ Zip: _____
Parent's phone number: _____ Claimant's phone number: _____
4. Date of accident: _____ Time of accident: _____ ☐ AM ☐ PM
Nature of injury: _____ Describe exactly how accident happened: _____
5. Nature of activity during which the injury occurred (check all boxes which apply): ☐ Left ☐ Right
Name of sport, if applicable: _____
☐ Intercollegiate sports ☐ Intramural sports ☐ During practice
☐ Club sports ☐ High school catastrophic ☐ During play
☐ Other activity (specify) _____ ☐ During conditioning ☐ During travel to or from the event

Nature of Your Participation:
☐ Student ☐ Athletic participant ☐ Other activity (specify) _____
6. Transfer student? ☐ Yes ☐ No If yes, please identify the school name: _____
7. Name, address and phone of physician who first treated you: _____
8. Have you had a similar injury in the past? ☐ Yes ☐ No If yes, describe and give dates: _____
9. Name, address and phone of physician who treated you for previous injury: _____
10. Are you covered by any other medical expense benefits plans? ☐ Yes ☐ No If yes, give the names of the plan(s) and the person(s) through whom you are insured and their relationship to you: _____

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief, the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See remarks section on reverse side of this form.

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records of knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by K&K Insurance Group/Specialty Benefits and/or Nationwide Insurance Company or its representative, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

Date _____ Claimant/Parent/Guardian Signature _____

ALL BENEFITS WILL BE MADE PAYABLE TO PROVIDERS OF SERVICE INVOLVED, UNLESS ACCOMPANIED BY PAID RECEIPTS.

COMPLETE AND MAIL THIS PAGE TO K&K INSURANCE

Arkansas, Florida, Kentucky, Michigan, New Jersey and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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 is a crime, subject to criminal prosecution and civil penalties.

California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California Insurance Frauds Prevention Act 1871.2

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. In Florida, this is a third degree felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota

A person who files a claim with the intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New York

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 or material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

Any person who knowingly & with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony. (360.S. 5361.1)

1. Name of claimant: Last: _____ First: _____ MI: _____
2. Social security number: _____ 3. Date of accident: _____
4. Sport: _____
5. Nature of injury: _____ 6. ☐ Left ☐ Right
7. Name of participating college or university: _____

8. If high school catastrophic claim, name of state athletic association: _____
9. If this injury was a reinjury, was the athlete cleared to participate? ☐ Yes ☐ No
10. IF YES, PLEASE ATTACH PHYSICIAN'S STATEMENT INDICATING DOCTOR'S RELEASE TO RETURN TO ATHLETIC PARTICIPATION.

*If this is a catastrophic claim, is this student or athlete covered under any other school insurance provided to cover the catastrophic policy deductible? ☐ Yes ☐ No

If yes, name and address of plan administrator: _____

11. I certify that all the foregoing statements and answers on this form are true and complete, and that this claim satisfies all criteria set forth in our ACCIDENT POLICY for proper consideration as a covered participant, covered activity and a covered condition, to the best of my knowledge and belief.

Signature of Authorized Official: _____

Title: _____ Date: _____

Comments: _____

FAILURE TO COMPLETE THIS FORM IN FULL MAY RESULT IN AN UNNECESSARY DELAY IN THE PROCESSING OF THIS CLAIM

COMPLETE AND MAIL THIS PAGE TO K&K INSURANCE

K&K INSURANCE GROUP/SPECIALTY BENEFITS

Statement of Claim for Athletic Accident Insurance

(NOTE: Claim Form must be fully completed and signed.)

Basic Procedures for Submitting Statement of Claim

1. The athletic director, coach or trainer will complete their portion and then give the claim form to the student's or athlete's parent(s)/guardian for completion.
2. The athlete or athlete's parents/guardian will complete their portion of the form, and return it to the athletic director, coach or trainer.
3. The athletic director, coach or trainer will detach the form from the instruction page, attach the other insurance questionnaire and any medical bills and explanation of benefits and forward to K&K Insurance Group/Specialty Benefits.

To the Athlete/Parent/Guardian

Attach current itemized physician, hospital, or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing their payments and denials. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

K&K INSURANCE GROUP/SPECIALTY BENEFITS

Claims Department
P.O. Box 2338
Fort Wayne, Indiana 46801-2338
(800) 237-2917 • Fax (312) 381-9077

Dear Athlete:

If you have an appointment with a doctor as the result of an athletic injury, please show this document to the doctor's insurance secretary. You should be identified as a member of the following preferred provider networks and/or their affiliates.

Dear Doctor or Provider:

This document indicates that this patient is a participant in the following preferred provider networks and/or their affiliates:



To the injured person/parent/guardian: Complete section I of this claim form. Attach current itemized physician, hospital, or other provider's bills for accident medical expenses as well as the primary carrier's explanation of benefit showing their payment and denial. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred, and the charges made. Omission of vital information will cause a delay in claim processing.

FACTS	WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?
-------	---

Why?	Financial companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number, government issued identification, and contact information • Policy, account, and contract information • Credit reports and other consumer reports
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Nationwide share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	<ul style="list-style-type: none"> • Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices. • If you have previously opted out, your preference remains on file and you do not need to opt out again. • Please have your account or policy number handy when you call. <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	1-800-237-2917

Who we are	
Who is providing this notice?	Nationwide Life Insurance Company
What we do	
How does Nationwide protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.

How does Nationwide collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • Apply for insurance • Make a payment or file a claim • Conduct business with us <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal and state law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness; • Affiliates from using your information to market to you; and • Sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more information.</p>
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit nationwide.com for a list of affiliated companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Other important information	
<p>California Residents: We currently do not share information we collect about you with affiliated or nonaffiliated companies for their marketing purposes. Therefore, you do not need to opt out.</p> <p>Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com. You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us.</p> <p>Vermont Residents: For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law.</p> <p>AZ, CA, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA Residents: When we refer to "Information" we mean information we collect during an insurance transaction (not including medical record information). We will not use your medical information for marketing purposes without your consent. We share personal information with nonaffiliates without your prior authorization as permitted or required by law. They may use it to investigate fraud, respond to court orders, and conduct actuarial studies. We share it with insurance regulatory authorities and law enforcement. We share it with consumer reporting agencies. They may retain it or disclose it to other companies with which you do business. These other companies use and disclose it to others as permitted by law. We obtain reports prepared by an insurance-support organization. The insurance-support organization keeps copies and discloses them to others. You have a right to access and correct your Information as described below.</p> <p>Accessing your information</p> <p>You can ask us for a copy of your personal information. Please send your request to the address below and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and policy number. You can change your personal information at Nationwide.com or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it.</p> <p style="text-align: center;">K&K Insurance Group, Inc. Attn: Privacy Manager 1712 Magnavox Way P.O. Box 2338 Fort Wayne, IN 46801-2338</p>	

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Missouri Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The Missouri Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Missouri. You should not rely on coverage by the Missouri Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy. **YOU MAY CONTACT EITHER THE ASSOCIATION OR THE MISSOURI DEPARTMENT OF INSURANCE AT THE FOLLOWING ADDRESSES SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE.**

The Missouri Life and Health Insurance Guaranty Association
994 Diamond Ridge, Suite 102
Jefferson City, MO 65109

Missouri Department of Insurance
P.O. Box 690

Jefferson City, MO 65102-0690

The state law that provides for this safety-net coverage is called the Missouri Life and Health Guaranty Association Act. On the back of this page is a brief summary of the law's coverage, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

Generally, persons will be covered if they live in this state, and hold a life or health insurance contract or annuity, or a certificate under a group policy or contract. However, not all individuals with a right to recover under life or health insurance policies or annuities are protected by the Act. A person is not protected when:

1. The person is eligible for protection under the laws of another state;
2. The person purchased the insurance from a company that was not authorized to do business in this state;
3. The policy is issued by an organization which is not a member insurer of the association; or
4. The person does not live in this state, except under limited circumstances.

Additionally, the Association may not provide coverage for the entire amount a person expects to receive from the policy. The Association does not provide coverage for any portion of the policy where the person has assumed the risk, for any policy of reinsurance (unless an assumption certificate was issued), for interest rates that exceed a specified average rate, for employers' plan that are self-funded, for parts of plans that provide dividends or credits in connection with the administration of policy, or for unallocated annuity contracts (which are generally issued to pension plan trustees). The Act also limits the amount the Association is obligated to pay persons on various policies. The Association does not pay more than the amount of the contractual obligation of the

insurance company. The Association does not have to pay more than three hundred thousand dollars (\$300,000) in death benefits for any one life regardless of the number of policies that insure that life. The Association does not have to pay amounts over one hundred thousand dollars (\$100,000) in cash surrender or withdrawal benefits. In an annuity contract, the Association is not liable for over one hundred thousand dollars (\$100,000) in present value. Finally, the Association is never obligated to pay more than a total of three hundred thousand (\$300,000) for any one insured for any combination of insurance benefits.

This notice provides a brief summary of the Missouri Life and Health Insurance Guaranty Association ('the Association') and the protection it provides for policyholders. This safety net created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are as follows:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.mo-iga.org, or contact:

Missouri Life and Health
Insurance Guaranty Association 994 Diamond
Ridge, Suite 102 Jefferson City, Missouri 65109
Ph.: 573-634-8455
Fax: 573-634-8488

Missouri Department of Insurance, Financial
institutions and Professional Registration
301 West High Street, Room 530
Jefferson City, Missouri 65101
Ph.: 573-522-6115

Insurance companies and agents are not allowed by Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control



POLICY NUMBER: SPX0000027623200

NATIONWIDE LIFE INSURANCE COMPANY
HOME OFFICE: 1 NATIONWIDE PLAZA - COLUMBUS, OHIO 43215

Dear Plan Sponsor:

According to Missouri House Bill 1547, it is required that the following information be provided to you:

The address of this principle place of business and telephone number:

Nationwide Insurance Companies
Attn: Special Risks Health Department
Home Office: 1 Nationwide Plaza
Columbus, Ohio 43215

1-800-525-8669



NATIONWIDE LIFE INSURANCE COMPANY

Home Office: 1 Nationwide Plaza, Columbus, Ohio 43215

SPECIFIED HAZARD INSURANCE POLICY

MISSOURI WESTERN STATE UNIVERSITY

Thank you for taking this policy with us.

POLICY NUMBER: SPX0000027623200

INSURING AGREEMENT - We promise to pay, subject to the terms of this policy, the benefits stated herein. We make this promise and issue this policy to you in exchange for the premium shown in the application. This policy is a legal contract between you and us.

POLICY TERM - The policy term starts and ends at 12:01 a.m. standard time at your address on the effective and termination dates shown in the application. The contract cannot be renewed.

TABLE OF CONTENTS

Insuring Agreement	Page 1
Policy Term	Page 1
Key Words Defined	Page 1
Premium	Page 2
Term of a Person's Coverage	Page 2
The Maximum Benefit Amounts	Page 2
Exclusions and Limitations	Page 2

Accidental Death and Specific Loss Benefit.....	Page 3A
Accident Medical Expense Benefit	Page 3B
.....	
Application	Page 4
Claims Information	Page 5
General Information	Page 6
State Exceptions (If Any).....	Attached Riders

KEY WORDS DEFINED - When we use these words, we mean:

You, your, or plan sponsor - the plan sponsor named in the application.

We, our, us, or Nationwide - the Nationwide Life Insurance Company.

Application - the attached policy application which is part of the contract.

Eligible person - a person described under (one of) the class(es) of eligible persons listed in the application.

Insured - an eligible person insured under the contract.

Covered activities - the covered activities described in the application.

Injury - a bodily injury which meets all of the following conditions: (1) it is caused solely by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) neither the injury, the loss, nor the expense may result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

Reasonable and customary charges - (1) reasonable in terms of services, care, or treatment provided; and (2) customary in that charges made by a provider are in line with charges made by providers of similar training and experience for a similar service within the same area.

Doctor - a person duly licensed and legally qualified to diagnose and treat injury. Such person must be providing services within the scope of his or her license. The term "doctor" does not include the insured.

THIS IS LIMITED ACCIDENT INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE, OR BODILY INFIRMITY. PLEASE READ YOUR POLICY CAREFULLY.

PREMIUM - The premium rates and the method of payment are shown in the application. The premium is due on the date coverage begins. The premium must be paid to our Home Office or to one of our agents.

TERM OF A PERSON'S COVERAGE - A person's coverage begins on the later of: (1) the effective date of the contract; or (2) when he or she becomes an eligible person.

An insured's coverage ends on the first of these to occur: (1) when he or she is no longer an eligible person; or (2) the date to which premium has been paid; or (3) the termination date of the contract.

Termination of coverage will not affect a claim which occurs before the coverage ends.

THE MAXIMUM BENEFIT AMOUNTS which apply to an insured are shown in the application to the right of the benefit provision(s) for which he or she is insured.

EXCLUSIONS AND LIMITATIONS - We will not pay benefits for covered expenses incurred for:

- (1) the examination, prescription, purchase, or fitting of eyeglasses, contact lenses, or hearing aids;
- (2) treatment by a person employed or retained by you or your subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, brother, sister, or child of either the insured or the insured's spouse.

Nor will we pay benefits for loss or covered expenses resulting from:

- (4) intentional self-destruction or an attempt at it, or intentional self-inflicted injury while sane or insane (if a Missouri contract, while sane);
- (5) war or an act of war, declared or undeclared; or
- (6) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Death- If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific loss- If, as a result of injury, an insured suffers a specific loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to the insured as specified in the table below.

For the Loss of:	Percent of the Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of the Same Hand	25%

Specific loss means the total, permanent, and irrecoverable loss of:

- (1) a natural arm or leg severed at or above the elbow or knee joint;
- (2) a natural hand or foot severed at or above the wrist or ankle joint;
- (3) the entire sight of an eye, entire speech, or entire hearing of an ear; or
- (4) a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all of the specific losses of an insured because of any one accident will not be more than the face amount shown in the application. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

The overall maximum for any one accident is shown in the application. This is the maximum amount payable by us for all death and specific loss claims incurred for all insureds under the contract which are caused by any one accident. If this is not enough to pay the total of all such claims, then the amount we will pay for the death or specific loss of any one insured will be his or her proportional share of this amount.

ACCIDENT MEDICAL EXPENSE BENEFIT-if, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred within 3 years from such date.

Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services, and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth; and
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

If the application indicates that the excess plan applies, we will not pay benefits for, nor can the deductible (if any) be satisfied by, covered expenses to the extent that they are collectible under:

- (1) another insurance contract or prepayment plan;
- (2) a trustee, union, employer, or employee benefit plan;
- (3) Workers' Compensation (or a similar occupational law); or
- (4) a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

POLICY APPLICATION (please print or type)

which upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY – Columbus, Ohio 43216**
will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER: SPX0000027623200**

1. **Name of Plan Sponsor** MISSOURI WESTERN STATE UNIVERSITY

(Group's Name)

Permanent Mailing Address 4525 DOWNS DRIVE
ST. JOSEPH, MO 64507

2. **Policy Term:** The policy term starts at **12:01 a.m.** on 08/01/16 which is the effective date and ends
at **12:01 a.m.** on 08/01/17 which is the termination date.

3. **Covered Activities**

Taking part in the play or practice of an Intercollegiate sport. Such (play or practice) sport must be under the direction and immediate supervision of a regularly employed coach, trainer or other official designated by the Plan Sponsor's athletic department or while traveling as a team member of a group to or from such activity. Such travel must be under the direction and supervision of a coach, trainer, or other official designated by the Plan Sponsor.

4. **Maximum Benefit Amounts** – the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts Class 1
ACCIDENTAL DEATH AND SPECIFIC LOSS with a \$500,000 overall maximum for any one accident.	
Death	\$ 10,000
Specific Loss (Face Amount)	\$ 10,000
MEDICAL EXPENSE	
Accident	
Deductible for all sports	\$ 2,000
Overall Maximum	\$ 90,000
Medically necessary professional ambulance service is a Covered Expense	

5. Premium Rates by Class of Eligible Persons

Class	Eligible Persons	Annual Premium
		Medical Expense Excess Plan
1	All student athletes, student managers and student athletic trainers whose names are on the Official Team Roster of your sponsored and supervised sports team named below: Intercollegiate Sports - Baseball, Basketball, Cheer/Dance, Football, Golf, Soccer, Softball, Student Mgrs/Trainers, Tennis, Volleyball.	\$ 99,370

The minimum premium per policy term is \$ 175

6. The policy is to cover all eligible persons.

7. It is understood and agreed that premium will be paid on a mutually agreeable schedule.

SPX0000027024300
(Previous Policy Number)

(Date)

By (Signature of Applicant)

(Printed Name and Title of Applicant)

K&K INSURANCE GROUP INC 13-0090572
(Agent's Signature and Number)

(Address of Applicant)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CLAIMS INFORMATION

When must we receive notice? Written notice of claim must be given within 30 days after a covered loss occurs or expense starts or it must be given as soon as reasonably possible. The notice must be sent to the servicing group claims office, our Home Office, or to one of our agents. It should include your policy number and the name of the insured.

How are claim forms obtained? We will send forms to persons who ask for them within 15 days after notice of claim is given. If we do not, written proof (including the event, nature, and extent of loss) may be sent to us without using our forms. This proof must meet the terms of the next paragraph.

When must we receive proof of loss? Written proof must be given to us: (1) within 90 days after the end of any period of disability or hospital confinement for which claim is made; or (2) within 90 days after the date of loss on any other claim.

If it is not reasonably possible to give such proof, it should be given as soon as reasonably possible; but no later than one year from the time it is otherwise due. The one year limit is waived if the insured is legally incapable of giving such proof.

When will we pay claims? First we need written proof of loss. Then all benefits due the insured for loss of time because of total disability will be paid monthly as long as we are liable. Any balance not paid when our liability ends will be paid as soon as we receive proper written proof.

Benefits due for other losses will be paid when we receive proper written proof.

To whom will we pay claims? We will pay loss of life benefits to the insured's designated beneficiary in effect at the time of payment. If none is then in effect, or if the beneficiary dies first, we will pay the benefits to the insured's estate or, at our option, to one or more of the first surviving class of the following classes of successive preference beneficiaries: the insured's surviving spouse, children, parents, or brothers and sisters. This will, to the extent paid, release us from further liability. Other benefits will be paid to the insured except that those unpaid at death may, at our option, be paid to either the insured's estate or beneficiary.

If the insured is a minor or is not competent to give a valid release, we may pay an amount otherwise payable to the insured to his or her parents, guardian, or to a person supporting the insured.

If payment is to be made to the insured's estate or to a beneficiary who is either a minor or is not competent to give a valid release, we may pay up to \$1,000 to someone related to either the insured or to his or her beneficiary by blood or marriage whom we consider to be entitled to the payment. Such payment made by us in good faith will fully discharge us to the extent of the payment.

We may pay covered expenses to the hospital or person providing the service, unless the insured states otherwise in writing by the time proofs of loss are filed. It is not required that a service be provided by any one hospital or person.

How may the beneficiary be changed? The insured may change his or her beneficiary. The beneficiary's consent is not needed unless the designation is irrevocable. Changes may be made during the insured's lifetime by written notice to us at our Home Office.

A change will take effect when the notice is signed, whether or not the insured is living when we receive it. The change will not prejudice a payment made or action taken by us before we receive it at our Home Office.

Can a physical exam be required? Yes. We have the right to have a doctor examine a person whose condition is the basis of a claim. This may be done as often as is reasonably necessary while a claim is pending. This will be at our expense.

Is there a free choice of a doctor? Yes. The insured will have a free choice of a doctor. The doctor-patient relationship will be maintained.

What if there is a common accident? If an insured and his or her beneficiary die from the same accident without enough evidence that they died other than at the same time, the insured's benefits will be paid as if he or she died last.

GENERAL INFORMATION

What is your agreement with us? How can it be changed? The policy (with the application and attached papers) and the individual enrollment forms, if any, make up the entire legal contract between you and us. All statements made by you or by an insured are representations and not warranties. Such statements will not affect coverage or be used in defense of a claim unless they are in a written application or individual enrollment form which has been signed by the insured. A copy of the statement must be furnished to the insured or to his or her beneficiary, if any. No change in the contract will be valid unless it is in an amendment signed by either our President or Secretary and accepted (signed) by you.

The contract may be changed at any time by mutual agreement between you and us. The consent of an insured or others having a beneficial interest is not required. A change will not affect a claim which occurs before the change is made.

No agent may: (1) change the contract in any way; (2) accept premium in arrears; or (3) extend a premium due date.

What if the contract does not conform with state laws? If, on its effective date, any provision of the contract is in conflict with a law of the state in which it is delivered, such provision is amended to conform to the law's minimum requirements.

What about new eligible persons? They must be added to the groups or classes for which they are eligible.

Are individual certificates used? When the law requires it, we will provide a supply of these forms to be given to all insureds. The certificates will contain the main features of the contract which relate to the insured. They are not contracts.

What kind of records must be kept? Records must be kept which will show, at all times, the names of the insureds and the details of each insured's insurance.

We have the right to inspect these records at any reasonable time to the extent that they relate to the contract.

What kind of reports must be made? Those that we need to administer and rate the contract.

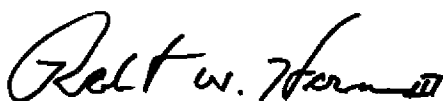
What if an eligible person is not recorded or reported? Coverage will not be denied if failure to record or to report an eligible person for insurance is the result of a clerical error.

May benefits be assigned? Yes; but only medical expense benefits, if any. We are not bound by an assignment until we receive it in writing at either the servicing group claims office or our Home Office. We are not responsible for its validity.

When can legal action be brought? Legal action to recover under the contract can be brought only after 60 days and before 3 years (5 years if a Kansas contract or 6 years if a South Carolina contract) from the time written proof of loss must be given.

Is this a Workers' Compensation contract? No. It does not replace or affect any requirement for coverage by Workers' Compensation or a similar occupational law.

NATIONWIDE LIFE INSURANCE COMPANY



Secretary



President

Countersigned by _____
(LICENSED RESIDENT AGENT)

SPECIFIED HAZARD ACCIDENT INSURANCE POLICY RIDER

NATIONWIDE LIFE INSURANCE COMPANY Columbus, Ohio

Issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST
PAGE OF THE POLICY TO WHICH THIS RIDER IS ATTACHED
AND MADE A PART THEREOF

The effective date of this rider is the effective date of the policy to which this rider is attached.

The policy is amended as described below. All other terms remain unchanged.

The following paragraph is added as a second paragraph under the section entitled **PREMIUM** on page two of the policy:

When experience on a case is available to the company under a policy or policies issued by the company or issued by another insurer, the premium rates and benefit limits may be adjusted, on a prospective basis, to produce anticipated experience for the case approximating the anticipated loss ratio.

NATIONWIDE LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Keith A. Walker".

President

ACCIDENT MEDICAL EXPENSE BENEFIT POLICY AND CERTIFICATE RIDER

NATIONWIDE LIFE INSURANCE COMPANY Columbus, Ohio

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE OF
THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

The provision entitled "**ACCIDENT MEDICAL EXPENSE BENEFIT**" is amended to read as follows:

Accident Medical Expense Benefit – If, as a result of injury, an insured incurs covered expenses starting within 180 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred within 2 years from such date.

Covered expenses means - the reasonable and customary charges for local professional ambulance service to the nearest hospital and/or surgical center as well as the following reasonable and customary charges for:

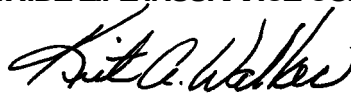
- 1) treatment by a doctor; or **
- 2) medical services in a Hospital; or **
- 3) care by a licensed nurse, who is not a member of the insured's immediate family; or
- 4) x-ray and laboratory tests; or
- 5) oxygen; or
- 6) casts, splints, crutches and braces (other than dental braces); or
- 7) blood or blood plasma; or
- 8) drugs and medicines; or
- 9) treatment of natural teeth; or
- 10) rental of durable equipment of a medical or surgical nature, which can be utilized only for treatment of such injury. We will not pay for equipment or items used solely for comfort or convenience.

** Two or more surgical procedures through the same incision will be considered as one procedure. However, we will pay up to a maximum of 1.50 times the Surgical procedure charge when more than one surgical procedure through different operating fields are performed during the same surgical session.

We will not pay for:

- A) hernia, however caused; or
- B) services or treatment given by any person employed or retained by you; or
- C) experimental procedures, unless pre-authorized by us; or
- D) cosmetic surgery or procedures; or
- E) hospital room and board charges in excess of the semi-private room rate unless hospitalized in an intensive care unit; or
- F) the insured's own felonious act or attempt of such an act; or the taking part in any illegal occupation; or
- G) the insured being legally intoxicated as defined by the laws of the state or governing territory in which the loss occurs; or
- H) the insured being under the influence of any narcotic drug unless taken on the advice of a physician; or
- I) medical expenses for which the insured is entitled to benefits under any;
 - 1) worker's compensation act; or
 - 2) mandatory no-fault automobile insurance contract.

NATIONWIDE LIFE INSURANCE COMPANY


President

**ACCIDENT MEDICAL EXPENSE BENEFIT
POLICY AND CERTIFICATE RIDER**

**NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio**

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE OF
THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

The provision entitled "**ACCIDENT MEDICAL EXPENSE BENEFIT**" is amended as follows:

A provision entitled "**Expanded Medical**" is added as follows:

Expanded Medical – the definition of injury is expanded for the Accident Medical Expense Benefit to include "repetitive motion injuries" resulting from the play, practice or conditioning of intercollegiate sports. Such repetitive motion injuries will be eligible under the Accident Medical Expense Benefit.

Definition: Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernia, tennis elbow, tendonitis, bursitis, and muscle tears.

NATIONWIDE LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Kit C. Walker", is written over the printed name of the President.

President

HEART OR CIRCULATORY MALFUNCTION POLICY AND CERTIFICATE RIDER

NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE OF
THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

The definition of "Injury" is amended for all benefits as follows:

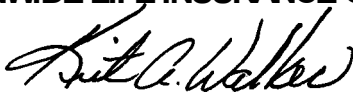
Heart or Circulatory Malfunction – the definition of "injury" is expanded for all benefits to include injuries resulting, within 90 days from the date of the covered activity, from a Heart or Circulatory Malfunction.

Definition: Heart or Circulatory Malfunction means a cardiac accident of the heart or circulatory system which includes heart attack, stroke, brain circulatory malfunction, and heat exhaustion. **Such malfunction must (1) be first diagnosed and treated while the insured's coverage under this policy is in force; and (2) occur while taking part in a covered activity.**

EXCLUSION

Heart or Circulatory pre-existing conditions are excluded. This means the insured has neither been medically diagnosed nor received any medical care for hypertension, angina, heart attack, stroke, brain circulatory malfunction or other heart or circulatory condition within 12 months prior to the effective date of the insured's coverage.

NATIONWIDE LIFE INSURANCE COMPANY



President

POLICY NUMBER: SPX0000027623200

**HMO-PPO COVERAGE
POLICY AND CERTIFICATE RIDER**

**NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio**

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE OF
THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

The provision entitled "**ACCIDENT MEDICAL EXPENSE BENEFIT**" is amended as follows:

A provision entitled "**HMO-PPO Coverage**" is added as follows:

HMO-PPO Coverage – We will pay for covered expenses denied under any other plan as being out of network or out of the service area, under the Accident Medical Expense Benefit, subject to all of the terms of that benefit.

Definition: Other plans means any group medical plan, Health Maintenance Organization (HMO) and/or Preferred Provider Organizations (PPO).

NATIONWIDE LIFE INSURANCE COMPANY



President

**RE-INJURY OF PRIOR INJURY
POLICY AND CERTIFICATE RIDER**

**NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio**

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE OF
THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

The provision entitled "**ACCIDENT MEDICAL EXPENSE BENEFIT**" is amended as follows:

A provision entitled "**Re-Injury of Prior Injury**" is added as follows:

Re-Injury of Prior Injury – the definition of injury is expanded for the Accident Medical Expense Benefit to include the re-injuring and/or aggravation of an injury which:

1. occurred prior to the effective date of the insured's coverage under the policy; or,
2. occurred during the policy term and such injury was not fully rehabilitated at the time of the re-injury.

Such re-injuries will be eligible under the Accident Medical Expense Benefit only if the re-injury and/or aggravation occurs under circumstances which would have otherwise been covered under the policy.

EXCLUSION

Heart or Circulatory pre-existing conditions are excluded. This means the insured has neither been medically diagnosed nor received any medical care for hypertension, angina, heart attack, stroke, brain circulatory malfunction or other heart or circulatory condition within 12 months prior to the effective date of the insured's coverage.

NATIONWIDE LIFE INSURANCE COMPANY



President

MISSOURI SPECIFIED HAZARD POLICY AND CERTIFICATE RIDER

NATIONWIDE LIFE INSURANCE Columbus, Ohio

issues this rider to

THE PLAN SPONSOR REFERRED TO ON THE FIRST PAGE
OF THE POLICY OR CERTIFICATE TO WHICH THIS RIDER IS ATTACHED

This rider is subject to all of the terms of the policy and certificate.

The effective date of this rider is the effective date of the policy or certificate.

The policy or certificate is amended as follows:

1. The definition of **"injury"** in the provision entitled **"KEY WORDS DEFINED"** is replaced by the following:

Injury -a bodily injury which meets all of the following conditions: (1) it is caused by an accident which happens while the contract is in force on the insured and while he or she is taking part in a covered activity; (2) it results in loss or expense covered by the contract; and (3) the injury may not result from sickness, disease, or bodily infirmity, or from any cause other than the accident.

2. Item (5) of the **EXCLUSIONS AND LIMITATIONS** provision is replaced by the following:

(5) intentionally self-inflicted injury or an intentional self-destruction, while sane;

3. Item (1) of the paragraph entitled "Income from other sources" contained in the **WEEKLY ACCIDENT INCOME BENEFIT** provision is replaced by the following:

(1) a group insurance contract or retirement plan;

4. All contractual provisions pertaining to jurisdictions outside the State of Missouri are deleted.

NATIONWIDE LIFE INSURANCE COMPANY


President