



May 12, 2023

TO: CHRISTOPHER CAPUTO  
MALVERNE UFSD

FROM: SABINA BAJIC  
MANAGER OF INSURANCE ADMINISTRATION, SPECIAL RISK

RE: 2023-2024 STUDENT ACCIDENT QUOTE  
MALVERNE UFSD

Underwritten by Wellfleet New York Insurance Company

PLAN OFFERED: **PREFERRED PLAN**

EFFECTIVE DATE: 07/01/2023–06/30/2024    POLICY NUMBER:  
TBD

MAX MEDICAL: \$25,000

ADA# 1696

FTBL# 71

DEDUCTIBLE: \$100  
Rate per student for base incl. FTBL: \$3.60

**ANNUAL PREMIUM: \$6,105.60**

Sabina Bajic  
Manager of Insurance Administration, Special Risk  
Wellfleet  
a Berkshire Hathaway Company  
[sbajic@wellfleetinsurance.com](mailto:sbajic@wellfleetinsurance.com)

This quote expires in 30 day. Please feel free to contact me with any questions.

# WELLFLEET NEW YORK INSURANCE COMPANY

Home Office: Empire State Building, 350 5<sup>th</sup> Avenue, Suite 4250, New York, NY 10118

Administrative Office: 5814 Reed Road, Fort Wayne, IN. 46835

Direct (413)733-4540; Toll-free (877) 657-5039; Email [www.wellfleetinsurance.com](http://www.wellfleetinsurance.com)

## APPLICATION FOR PARTICIPANT BLANKET ACCIDENT INSURANCE

1. Name of Policyholder: MALVERNE UFSD
2. Mailing Address: 301 WICKS LANE, MALVERNE, NY 11565
3. Policy Number: \_\_\_\_\_
4. Policy Effective Date: 7/1/2023 Policy Term Date: 6/30/2024
5. Plan of Benefits: **PREFERRED PLAN**

### **Accidental Death and Dismemberment Benefit**

Maximum Amount: \$5,000.00

Accidental Death: \$5,000.00

Accidental Dismemberment: \$5,000.00

Paralysis Benefits included ☐ Loss of Use Benefits included ☐

Exposure & Disappearance Coverage included: ☐ Yes ☒ No

### **Accident Medical Benefits**

Accident Medical Maximum: \$ 25,000 per covered accident

Individual Disappearing Medical Deductible: \$100 per covered accident

Accident Medical Coinsurance: 0%

Benefit Period: 156 weeks from date of covered accident

Treatment Window: 91 days

Dental Services Maximum Benefit: Included in Accident Medical Maximum


Eyeglasses, Contact Lenses, Hearing Aids, Artificial Dental Devices: Included in Accident Medical Maximum

### **Other Benefits:**

Deferred Dental: ☒ Maximum Benefit: \$500.00

6. Plan Type:  
Full Excess Medical

### 7. **CLASSIFICATION TABLE**

Class	Eligible Class(es) of Covered Persons – Description of Class	Plan	Number of Eligible Persons
1	All students of the policyholder		1,696

### **GRADES**

Class 1	Pre-K	K-6/8	Pre-K-12
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### **LIST OF SPORTS**

Class	Name of Sport	Number Eligible
Class 1	Football JV and Varsity	<del>1896</del> 71

8. **PREMIUM REPORT**

Standard Premium Rate	\$3.60
Total Premium Due	\$

**LIMITED BENEFITS HEALTH INSURANCE. THE INSURANCE EVIDENCED BY THIS CERTIFICATE PROVIDES LIMITED BENEFITS HEALTH INSURANCE ONLY. IT DOES NOT PROVIDE BASIC HOSPITAL, BASIC MEDICAL, MAJOR MEDICAL, MEDICARE SUPPLEMENT, LONG TERM CARE INSURANCE, NURSING HOME INSURANCE ONLY, HOME CARE INSURANCE ONLY, OR NURSING HOME AND HOME CARE INSURANCE AS DEFINED BY THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES.**

Any policy issued by Wellfleet New York Insurance Company in consideration of this Application and payment of the first premium will include only those benefits shown in the proposal and agreed to by Us and the Applicant.

**WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which 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.**

Christador Caputo  
Signature of Policyholder

Asst. Superintendent  
Position or Title

5/12/2023  
Date

Check if no agent is used: ☐

Agent/Broker Name: WELLFLEET

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax I.D: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent/Broker

\_\_\_\_\_  
Date