



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200

Board of Education

Debra A. Barrickman • James K. Brady, Sr. • Steve J. Candela • William A. Niemi • Christine Seuffert

“Ipsa Scientia Potestas Est – Knowledge Itself Is Power”

Dear Parents:

Our school district has arranged with Love Insurance Agency to provide student accident and sickness coverage for those wishing to purchase coverage this year. Please note the coverage shown on the application. Covered losses less than \$250 will be paid without regard to other insurance. Please note the option to purchase 24-hour accident and sickness coverage is available to be purchased within 75 days of the school year or moving into the district or loss of other coverage.

Senior High football coverage requires an additional premium. All other school-supervised sports are covered under the plan. On claims over \$250 this is an excess coverage policy for which benefits are payable only for part of the loss not covered by other collectible insurance. If a person has no other insurance, the company will pay the covered medical expenses incurred within one year, up to the specified limits of the policy.

Please note that the student applications will be posted on our website. Complete the application and check the boxes for coverage desired. Sign where life insurance is shown, if desired. Tear off and keep the rest of the application, as it shows not only the coverage but also the exclusions and limitations of the policy.

Mail the applications directly to Love Insurance Agency, 373 Center Street Suite A, P.O.Box 1008, Chardon, Ohio 44024 along with a money order or check payable to Love Insurance Agency. The school will be notified as to who takes out coverage. You can call Love Insurance Agency at 440-527-5050 for more information.

In case of an accident the student or parent should immediately go to the building principal who will first contact the claims department to verify school coverage. Once school coverage is verified, the building principal will sign and provide the claim form, 24 hour coverage will need no signature. The policy number shall be provided by the school for the claim or you can call 440-527-5050. You may give that policy number to the doctor or hospital but the bills should be sent to the parent or guardian who will then attach them to claim form. Once completed, mail to the claims office at Student Protective Agency 300 Coshocton Avenue, Mount Vernon, Ohio 43050. If you have any further questions regarding a claim, please call 1-800-278-2544. It is the responsibility of the parent or guardian to file the claim.

Sincerely,
Mark J. Astorino
Treasurer/CFO

Superintendent: Dr. Mark R. Potts
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Treasurer: Mark J. Astorino
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