



VIII - SCHOOL LIABILITY

CONFIDENCE INSURANCE GROUP s.a.l

COVER	Option A	Option B	Option C	Option D	Option E
*Accidental death	2.000	3.000	4.000	5.000	10.000
*Total permanent disability	2.000	3.000	4.000	5.000	10.000
*Medical Expenses per person	500	750	1.000	1.250	2.250
* 1 limit per accident	40.000	60.000	80.000	100.000	200.000
PREMIUM PER STUDENT					
*At school	2.50\$	3.00\$	3.50\$	4.00\$	5.00\$
*For 24 hr coverage during academic year under school's supervision	3.25\$	4.00\$	4.50\$	5.00\$	6.50\$
*24 hr coverage 12 months under school's supervision	4.00\$	4.50\$	5.50\$	6.00\$	7.50\$

* SCHOOLS HAVING LESS THAN 500 STUDENTS: INCREASE PREMIUM BY 20%

* OFFICIAL LIST OF STUDENTS IS STRICTLY REQUESTED

