

**\*\*\*\*IMPORTANT NOTICE TO PARENTS\*\*\*\***  
**2026 SEMINOLE COUNTY HIGH SCHOOL FOOTBALL ACCIDENT INSURANCE**  
 (For student athletes participating in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> level football)

**EXCESS INSURANCE**

**Dear Parents:** Students that desire to participate in Seminole County Schools' tackle football programs must show evidence of medical insurance before being allowed to practice or play tackle football. The following information describes a football accident insurance plan that is available through *KidGuard Insurance*. **You are not required to purchase this plan and may purchase your own coverage. This coverage has limits and exclusions and will not pay for 100% of medical bills. However, your child must have medical insurance or this plan in effect before he is eligible to participate in tackle football.** The school district is not responsible for accidents while playing sports or while at school activities. This low-cost insurance plan can also be used to supplement your primary coverage that you already have through your employer, group, or family policy. Enroll online and save time by printing your ID card or return this form and payment to KidGuard Insurance. Please enclose a self-addressed and stamped envelope so we can send the I.D. card back to you. **Please note: This coverage does not provide insurance for Summer football practices or drills, games, scrimmages, football camps, private leagues, or 7 on 7 leagues.**

**Seminole Public Schools FHSAA Tackle Football Summary of Coverage 2026 Student Accident Insurance Premium cost: 75.00**  
 This plan will provide basic accident insurance protection during the 2026 FHSAA football season summer conditioning, pre-season tryouts/Jamboree game, FHSAA regular season practices and games beginning and as scheduled/ sanctioned by the FHSAA, (including FHSAA post season play if a team qualifies and is eligible to participate). **This plan will terminate in December 2026.**  
 Please refer to policy terms and provisions on the reversed side of this form. These plans do not provide coverage for summer football practices or drills, games, scrimmages, football camps, private leagues, or 7 on 7 leagues. **Online open enrollment will be April – May 4<sup>th</sup> open again in July - September 7<sup>th</sup>, 2026.**

**SUMMARY OF BASIC POLICY PROVISIONS, BENEFITS AND MAXIMUM LIMITS**

If injury due to an accident covered by the policy requires treatment within sixty (60) days after the date of accident by a licensed Doctor of Medicine, Osteopathy, Chiropractic, Dentistry, or hospital services, the insurance company will pay for eligible expenses incurred for necessary medical, dental or hospital care incurred within one year from the date of accident up to \$25,000.00, subject to the specified Policy Schedule of Benefits listed below. The football accident insurance policy has limitations and exclusions and may not pay 100% for all medical charges. Benefits are paid for loss directly due to an identifiable accident-causing bodily injury, independent of all other causes, incurred while your insurance under this Policy is in force. No benefits are payable for treatment of pre-existing conditions or treatment expenses incurred after one year from the original date of a covered accident.

Accidental Death	\$10,000	Accidental Dismemberment	\$10,000
Maximum Medical Expense Benefit per Covered Accident	\$25,000	Emergency Room	100% URC up to \$250
Hospital Room and Board Daily	100% URC up to \$1,500	Anesthesia	100% URC up to \$500
Intensive Care Room and Board	100% URC up to \$2,000	In-Hospital Physician's Visits	100% URC up to \$250
Hospital Miscellaneous (Inpatient and Outpatient)	100% URC up to \$500	Out-of-Hospital Physician's Visits	100% URC up to \$250
Pre-Admission Testing	100% URC up to \$500	X-Ray MRI/CAT	100% URC up to \$250 100% URC
In-Patient Surgical – Primary Surgeon	100% URC up to \$1,250	Laboratory Expenses	100% URC up to \$500
In-Patient Surgical – Assistant Surgeon	100% URC up to \$500	Registered Nurse	100% URC up to \$10,000
Outpatient Surgery – Primary Surgeon	100% URC up to \$1,250	Outpatient Physiotherapy	\$500 @ \$50 / visit 10 visits max
Outpatient Surgery – Assistant Surgeon	100% URC up to \$500	Air & Ground Ambulance	100% URC up to \$500
Outpatient Surgery – Surgical Facility	100% URC up to \$1,250	Dental Treatment for Injury Only	100% URC up to \$5,000
Orthopaedic Appliance	100% URC up to \$250	Prescription Drug	100% URC up to \$250

**How to Enroll -** Before participation complete enrollment application and mail with your payment to: *KidGuard Insurance* P.O. Box 140926 Orlando, FL 32814. If you mail your payment and would like an insurance confirmation card, please enclose a self-addressed and stamped envelope so we can send the I.D. card back to you. **Or email us at [contact@kidguardinsurance.com](mailto:contact@kidguardinsurance.com) to receive an I.D. confirmation. Coverage will not become effective until 11:59 PM on the date you enroll online, OR the date received in our agency office. You cannot have coverage on the same day you purchase this plan.** Coverage Effective Dates are summarized on the reverse side of this form. No refunds after the first day of coverage. **Retain this Summary of Insurance for your records.**



-----Cut / Tear Here-----



Seminole County Public School FHSAA Tackle Football Accident Insurance Application  
**SAVE TIME AND ENROLL ONLINE [WWW.KIDGUARDINSURANCE.COM](http://WWW.KIDGUARDINSURANCE.COM)**

**Check One** ✓

- Yes - Please enroll my student in the basic accident insurance plan for \$75.00 that will provide coverage during the FHSAA activities as outlined above.**
- No – We reject this coverage and accept full responsibility for any accidental injury and related medical bills as result of participation in tackle football. We understand the school is not liable while playing sports on public grounds.**

STUDENT First Name: \_\_\_\_\_ STUDENT Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name of High School: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Make

Payable to: School Insurance of Florida **Premium: \$75.00** Check/ Money Order Number: \_\_\_\_\_

Signature Parent/ Legal Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

**I have read the terms, benefits and exclusions and wish to purchase this non-refundable policy. No refunds are permitted after the first day of coverage. Florida Law states: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.** (Seminole FB 26)

EXCESS INSURANCE

**EFFECTIVE AND TERMINATION DATES:** Coverage becomes effective as sanctioned by the FHSAA, or on the date the enrollment application and payment is received by KidGuard Insurance's office, at 11:59 P.M., whichever is the later date. Coverage terminates on December 18th, 2026, or after the team's last official, FHSAA, sanctioned game. **The 24-Hour plan may be purchased for off-season conditioning during the regular school term. This plan does not provide coverage for any summer football practice sessions, summer scrimmages, contact drills, camps, leagues, passing drills, passing leagues (7 on 7) or competitions.**

The "2026 Summer Conditioning Coverage" is effective only during actual participation in school scheduled and continuously supervised weightlifting conditioning exercise. **Conditioning** is defined as: "Weight training is the use of free weights and stationary apparatus. Cardiovascular conditioning is distance and interval training. Plyometrics is the use of pre-set conditioning programs. **Conditioning IS NOT teaching sport specific skills and drills and DOES NOT involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, balls, rackets, etc.)**" Benefits are limited as specified in the policy schedule of benefits and exclusions. This policy will not cover any injury expense that occurs before or after supervised football activities or while traveling to or from a school supervised, covered activity, except while traveling as a team in a school bus or school district approved van. Medical treatment expense for conditions and injuries existing or occurring prior to the effective date of coverage are not covered.

**EFFECTS OF OTHER COVERAGE:** The policy contains no cash deductible. The policy will provide the scheduled benefits in addition to other insurance if the total treatment expense is \$250.00 or less. However, if treatment expense exceeds \$250.00, you must first file a claim with any other source of coverage. Other sources of coverage include but are not limited to, Blue Cross/Blue Shield, group insurance, self-insured trusts, Union Welfare Plans, HMO's and PPO's. After the other source of coverage has provided benefits, the student insurance policy will consider payment of the remaining unpaid expenses up to the scheduled policy maximums. If you are also covered by an HMO, PPO, or similar plan, you must follow their rules for obtaining approved provider services and benefits. If you do not use your HMO or PPO approved provider, benefits under the student insurance plan will be reduced by the amount of benefits that could have been obtained if you would have utilized the HMO or PPO approved provider of service. If you have no other source of coverage, the student accident insurance will pay the scheduled policy benefits. The Policy is Underwritten by: Everest Reinsurance, 251 Little Falls Drive, Wilmington DE, 19808.

**THE FOLLOWING ITEMS AND CONDITIONS ARE NOT COVERED:**

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted injury while sane or insane. 2. War or any act of war, declared or undeclared. 3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps. 4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request. 5. Participation in a riot or insurrection. 6. Any injury requiring treatment which arises out of, or in the course of fighting, brawling, assault, or battery. 7. sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial, or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning. 8. Disease or disorder of the body or mind. 9. Mental or Nervous disorders, except as specifically provided in the Policy. 10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job. 11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician. 12. Intoxication or being under the influence of any drug or narcotic. 13. Injury caused by, contributed to, or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician. 14. Driving under the influence of a controlled substance unless administered on the advice of a Physician. 15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs. 16. Violation or in violation or attempt to violate any duly enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation. 17. Conditions that are not caused by a Covered Accident. 18. Charges which are in excess of Usual and Customary charges. 19. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits. 20. Regular health checkups. 21. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license. 22. Travel in or upon: A snowmobile; A water jet ski; Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; Any off-road motorized vehicle not requiring licensing as a motor vehicle; 23. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or While being used for any test or experimental purpose; or While piloting, operation, learning to operate or serving as a member of the crew thereof; or While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or an ultralight hang-gliding, parachuting, or bungee-cord jumping Except as a fare paying passenger on a regularly scheduled commercial airline. 24. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 365 days of the initial incident and: The loss was caused by fire, heat, explosion, or other physical trauma which was a result of the release of nuclear energy and The Covered Person was within a 100-mile radius of the site of release either: At the time of the release; or Within 24 hours of the start of the release; or Occurs while the Covered Person is in. 25. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body. 26. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment, or subluxation of or in the vertebral column. 27. Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.

This Policy is "Excess Coverage" which means if you have other insurance, an HMO or PPO that is also in effect, this policy will consider payment of eligible medical expenses after your other insurance has provided their full payments. You must file a claim with your other primary insurance to be eligible to receive benefits from this accident insurance policy. If you do not have other primary insurance, this policy will pay up to the specified limits of selected policy plan.

**FLORIDA LAW STATES:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an enrollment form containing any false or incomplete, or misleading information is guilty of a felony of the third degree.

KidGuard is a division of DOXA Programs, LLC, an Indiana limited liability company. All claims activities and services are performed and provided by DOXA Claims, LLC, a Florida limited liability company licensed as an insurance claims administrator in all jurisdictions in which services are provided. For more information regarding DOXA Programs, LLC, or DOXA Claims, LLC please visit our website at [www.doxa.com/compliance](http://www.doxa.com/compliance).

**HOW TO FILE A CLAIM:** In case of claim covered under the Policy, obtain a claim form immediately from either the school or [WWW.KIDGUARDINSURANCE.COM](http://WWW.KIDGUARDINSURANCE.COM). Direct all questions concerning claims and mail any claims to KIDGUARD INSURANCE P.O. Box 140926, Orlando, FL 32814; Telephone:1-800-432-6915. This outline will be the only description of coverage you will receive. Retain this brief description of the plan benefits and record your check number for evidence of payment. The master policy issued to the school contains the actual Policy provisions and is available for your review at the school district office. This description of coverage is not a contract. If any discrepancy exists between the description of coverage and the master policy, the master policy language will govern.

If you enroll online, you do not need to submit this application. Online enrollees will receive immediate confirmation and access to an I.D. Card. If you mail in your application, I. D. Cards will not be mailed to you unless you provide a stamped return addressed envelope with your application. Please allow 7-10 business days for ID cards to be returned to you. [www.kidguardinsurance.com](http://www.kidguardinsurance.com)

Please mail your check or money order and your application to:  
KidGuard Insurance  
P.O. Box 140926  
Orlando, FL 32814

(Seminole FB-2026 BK)

Save Time Enroll Online! [www.kidguardinsurance.com](http://www.kidguardinsurance.com) – Online open enrollment will be April -- May 4<sup>th</sup> and open again in July-September 7<sup>th</sup>, 2026. Any applications received after September 7<sup>th</sup> will be returned.

If you are enrolling online, you do not need to fill out this application. If you prefer to mail in your premium, please mail the application and your premium to:

KidGuard Insurance  
P.O. Box 140926  
Orlando, FL 32814