



SPORT ACCIDENT EXCESS MEDICAL INSURANCE COVERAGE



The Sport Accident Excess Medical insurance program provides participant accident coverage for loss resulting directly from members competing in an approved or sanctioned event. Coverage does not include loss from pre-existing conditions or competing in non-sanctioned events. The coverage extends from the start, through the completion of the event, including direct designated group travel to and from the event.

The Accident Medical policy provides up to \$25,000 of excess accident medical coverage for expenses incurred within 52 weeks of the date of the accident. Written proof of loss by the Insured is required within 90 days or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity. The policy provides coverage against loss in excess of coverage provided under other valid and collectible medical insurance and is subject to a \$250 per claim deductible. If no other collectible medical insurance is available, the loss is subject to a \$1,000 deductible.

If injury to the member athlete requires treatment by a legally qualified physician or confinement in a legally constituted hospital, or employment of a trained nurse, x-ray, or ambulance services, and if the first expense of such treatment is incurred within 90 days of the date of the accident, the insurance company will pay the usual and customary expense incurred up to \$25,000, subject to the appropriate deductible and any other collectible insurance.

DEFINITION OF PARTICIPANT

All registered athletes, coaches, trainers, volunteers, committee members, and officials while functioning on behalf of and/or while participating in a covered event sanctioned or approved by USA Volleyball.

DESCRIPTION OF ACTIVITY

Participating in regularly scheduled volleyball competitions/events sponsored, sanctioned and supervised by the policyholder; Suring practice sessions for such competitions/events; During pre-event and post event activities which include, but are not limited to award banquets, award ceremonies and clinics that occur within one day (24 hours) of the covered activity;

Coverage is also included for non-sanctioned volleyball related activities for certified officials who meet extended coverage criteria.



SPORT ACCIDENT EXCESS MEDICAL INSURANCE COVERAGE, CONT.



ACKNOWLEDGEMENT WAIVER AND RELEASE FROM LIABILITY

As with most sports activities, a signed "Acknowledgement Waiver and Release from Liability" (AWRL) form is required from all participants and from parents or guardians in the case of minors. This requirement exists in virtually every sport. It serves to document that the participants or parents of participating minors have acknowledged the inherent risk and danger associated with participating in sporting events. It is intended to serve as "appreciable warning" of these risks and the participants by signing the waiver, are giving their informed consent to the acceptance of those risks. It is important to remember that a signed waiver DOES NOT reduce the need for insurance or effective safety practices. A signed waiver is USAV's "first line of defense" against a cause of action for negligence and is a very effective risk management tool. The Regional Commissioner and others working under the direction of the Region must make every effort to conduct an event with safety as the number one concern.

CLAIMS ADMINISTRATION

Insurance Providers:

Sport Accident Insurance

A-G Administrators, LLC
P.O. Box 979, Valley Forge, PA 19482
Phone: 610-933-0800 • Fax: 610-935-2860
www.agadministrators.com
E-Mail: claims@agadm.com

Broker/Risk Management

EPIC
2727 Paces Ferry Road, Bldg. 2 - Suite 1500, Atlanta, GA 30339
Phone: 678-324-3300 • Fax: 678-324-3303
E-Mail: sport@epicbrokers.com