

Amateur Adult Sports Accident Medical Insurance



Amateur Sports Coverage Only

- | | | | |
|-----------------|-----------------|-------------------|------------------|
| ■ Archery | ■ Fencing | ■ In-Line Skating | ■ Touch Football |
| ■ Badminton | ■ Field Hockey | ■ Rowing | ■ Track |
| ■ Basketball | ■ Flag Football | ■ Swimming | ■ Volleyball |
| ■ Bowling | ■ Golf | ■ Tennis | ■ Weightlifting |
| ■ Cross Country | ■ Handball | | |

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Amateur Adult Sports Accident Medical Insurance

Who Is Covered

All players, coaches, managers, and volunteers of the team(s) specified in the application.

Covered Activity

Participation in scheduled and supervised games, practice sessions, and travel in a group as a member of an insured team.

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 90 days after the date of the accident. "Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: this plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

Accidental Death and Dismemberment Benefit

If a covered injury results in any of the losses specified below within 365 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.

- 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.

- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.

- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.

- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.

- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.

- Eyeglasses, contact lenses, hearing aids.

- Aircraft travel, except as a fare paying customer.

Rate Classification for Amateur Adult Sports (Policy term in months is shown after name of sport)

	Rate Class		Rate Class
Archery (6)	1	Handball (6)	1
Badminton (6)	1	In-Line Skating (6)	3
Basketball (6)	3	Rowing (6)	1
Bowling (8)	1	Swimming (9)	1
Cross Country (6)	1	Tennis (8)	1
Fencing (6)	1	Touch Football (6)	3
Field Hockey (5)	3	Track (9)	1
Flag Football (6)	3	Volleyball (5)	2
Golf (6)	1	Weightlifting (6)	3

Rates Per Player

			Class 1	Class 2	Class 3
Maximum Medical Benefit	Accidental Death Benefit	Deductible Amount	Per Player Rates Ages 19 & Over	Per Player Rates Ages 19 & Over	Per Player Rates Ages 19 & Over
\$5,000.00	\$2,500.00	\$25.00	\$8.65	\$14.45	\$16.10
		\$50.00	\$7.70	\$12.85	\$14.30
		\$100.00	\$6.95	\$11.65	\$13.05
		\$250.00	\$5.90	\$9.90	\$11.00
		\$500.00	\$5.15	\$8.60	\$9.55
<i>This benefit option is not available in conjunction with the Francis L. Dean & Associates liability coverage.</i>					
\$10,000.00	\$5,000.00	\$25.00	\$11.30	\$18.80	\$20.90
		\$50.00	\$10.45	\$17.40	\$19.35
		\$100.00	\$10.05	\$16.70	\$18.55
		\$250.00	\$8.55	\$14.25	\$15.85
		\$500.00	\$7.30	\$12.15	\$13.50

Minimum Policy Premium is \$150.00
Minimum Premium is Fully Earned Upon Policy Inception

A \$1,000,000 Occurrence Form Commercial General Liability product, which includes coverage of athletic participants, may be available for some sports. Please contact your Agent for company and rates.

This information is a brief description of the important benefits and features of the Accident Medical Insurance provided by US Fire Insurance Company. This description is neither an insurance policy or contract nor an offer to enter into any form of insurance contract. You should not rely on the terms of this description but, rather, should review the policy terms in detail prior to purchasing this or any insurance policy. Full terms and conditions of coverage including effective dates of coverage, benefits and exclusions, are set forth on policy form AH51051. Any policy we offer to issue will be subject to the laws of the jurisdiction in which it is issued.

