



Coaches General Liability Protection Program

Who Is Covered

This program provides protection for Registered Coaches of USFA against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence with a general aggregate amount of \$2,000,000.00. There is no deductible amount.

Coverage Includes Suits Arising Out Of:

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- Incidental medical malpractice
- All activities necessary to conduct of practices and games
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment
- Sexual abuse and molestation
- Non-owned automobile liability coverage

Program Limits

Occurrence Form Policy
\$2,000,000.00 General Aggregate
\$1,000,000.00 Each Occurrence
\$1,000,000.00 Products / Completed Operations
\$1,000,000.00 Personal & Advertising Injury
\$50,000.00 Fire Damage
\$1,000,000.00 Non-Owned Automobile Liability Coverage
\$25,000/\$100,000 Sexual Abuse and Molestation

Exclusions

Fraudulent or dishonest acts, asbestos liability, punitive or exemplary damages, employment related practices, pollution, fireworks, cheerleading pyramids, nuclear energy liability, year 2000 compliance liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

Note: Sexual abuse and molestation coverage is limited to \$25,000.00 per occurrence, \$100,000.00 aggregate.



Coaches Participant Accident Protection Program

Who Is Covered

All coaches, managers, volunteer workers and staff members of the Policyholder are covered while participating in sponsored and supervised athletic activities.

Accidental Death & Dismemberment

If a covered injury results in any of the losses specified below within one year after the date of the accident, the company will pay the applicable amount.

- Full Principal Sum for loss of life
- Full Principal Sum for loss of both hands or both feet
- Full Principal Sum for loss of entire sight of both eyes
- Full Principal Sum for loss of one hand and one foot
- Full Principal Sum for loss of one hand and entire sight of one eye
- Full Principal Sum for loss of one foot and entire sight of one eye
- Full Principal Sum for loss of speech and hearing in both ears
- Full Principal Sum for total paralysis of both upper and lower limbs
- 50% of the Principal Sum for total paralysis of both lower limbs
- 50% of the Principal Sum for loss of one hand
- 50% of the Principal Sum for loss of one foot
- 50% of the Principal Sum for loss of sight of one eye
- 50% of the Principal Sum for loss of speech
- 50% of the Principal Sum for loss of hearing in both ears
- 50% of the Principal Sum for paralysis of upper and lower limbs on one side
- 25% of the Principal Sum for loss of index finger and thumb of same hand

If the Principal sum is payable, no indemnity will be paid for dismemberment. In any event, the double dismemberment indemnity is the maximum amount payable under this benefit for all losses resulting from one accident. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints.

Maximum Medical Expense Benefit

If the Covered Person incurs eligible expenses as the result of a covered injury, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses not to exceed the Maximum Medical Expense Benefit of \$25,000.00. The first such expense must be incurred within 90 days after the date of the accident. 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 Insured Person.



Exclusions and Limitations

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

- Sickness or disease in any form, except pyogenic infections due to an accidental cut or wound.
- The use of drugs or narcotics, unless administered under the advice of a physician.
- War or any act of war, whether or not declared.
- Participation in any riot or civil commotion.
- Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
- Suicide or any attempt thereat or any self-inflicted injury.

Nor does the Plan cover:

- Medical service provided by any person or facility employed or retained by the Policyholder or member organization.
- Medical service provided by any member of the Insured Person's family or household.
- Dental treatment, except as the result of a covered injury.
- The repair or replacement of any artificial dental restoration.
- Expenses payable under any Workers Compensation Law or similar legislation.
- Injury sustained while riding in or on any two or three wheeled engine driven vehicle.

Summary of Coverage

General Liability Protection Program

\$2,000,000.00 General Aggregate
\$1,000,000.00 Each Occurrence
\$1,000,000.00 Products / Complete Operations
\$1,000,000.00 Personal and Advertising Injury
\$50,000.00 Fire Damage
\$-0- Deductible Amount
Occurrence Form Policy

Coverage Afforded by Clarendon America Insurance Company, "A" rated by A.M. Best Company.

Participant Accident Protection Program

\$25,000.00 Maximum Medical Expense Benefit
\$25,000.00 Accidental Death & Dismemberment Benefit
\$-0- Deductible Amount
52 Week Benefit Period
Excess Coverage

Coverage Afforded by American National Life Insurance Company of Texas, an American National Company, "A" rated by A.M. Best Company.

Policy Term

Annual (12 Months)



USFA COACHES LIABILITY (2004-2005) APPLICATION

The United States Fencing Association Coaches Liability program runs from August 1st 2004 to 2005 for an annual cost of \$130.00. **We can accept payment via VISA or MasterCard only and premiums cannot be pro-rated. We can no longer accept checks or cash.**

NAME: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ **Email:** _____ **Fax:** _____

VISA or MasterCard #: _____ **Expires** _____ **/20** _____

Please list the entities requiring **Certificates of Insurance** (proof of coverage for the club and/or facility). Please also check yes or no if the club and/or facility has requested to be listed as an Additional Insured (adds the club/facility to your coaches liability policy).

CERTIFICATE HOLDER 1:

NAME: _____ **ATTENTION OF:** _____

ADDRESS: _____ **ADD'L INSURED** _____ **YES**
_____ **NO**

FAX _____ **LIMITS: \$** _____

Reason for certificate: _____ **Bldg. or Land Owner** _____ **Sponsor** _____ **Other** _____

Describe _____

Special Instructions _____

CERTIFICATE HOLDER 2:

NAME: _____ **ATTENTION OF:** _____

ADDRESS: _____ **ADD'L INSURED** _____ **YES**
_____ **NO**

FAX _____ **LIMITS: \$** _____

Reason for certificate: _____ **Bldg. or Land Owner** _____ **Sponsor** _____ **Other** _____

Describe _____

Special Instructions _____

Please use a separate sheet of paper for additional certificate requests.

I certify the statements given on this application are true and correct. I have not willfully concealed or misrepresented any material fact or circumstances concerning this application.

Applicant's Name _____ Date _____ USFA Membership Number*

***We cannot process your application without your USFA Membership Number**

Fax this form to 630-665-7294