



POP WARNER Little Scholars Inc.

Thank you for allowing us to provide your insurance this year.

Please find your Welcome Packet attached. Your certificates will be sent under separate cover.

If you should have any questions, please contact Beth Dietz at the Pop Warner Office.

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PARTICIPANT ACCIDENT INSURANCE – DESCRIPTION OF COVERAGE

Carrier: Zurich American Insurance Company
Policyholder: Pop Warner Little Scholars, Inc.
Policy Number: 1X ZPX 4850854-01

Your Effective Date: Your insurance will become effective August 1, 2022, or the date on which your Enrollment Form and premium payment are received, whichever is later.

Your Expiration/Termination Date: Coverage of each Insured Person ceases on the first to occur of:

- (a) The date the policy terminates – 8/1/23; or
- (b) The date he or she ceases to qualify as an Insured Person

INSURED PERSON All active Participants, including Volunteers and Staff.

COVERED ACTIVITIES means participating in officially sponsored, sanctioned and supervised football, flag football, and cheerleading events and practices of the policyholder. This includes related activities and travel. Related activities means banquets, meetings, fund raising and similar events arranged and supervised by the policyholder. Travel means team or group travel arranged and supervised by the policyholder to or from any Covered Activity; it does not include temporary residence at a hotel or similar facility.

BENEFITS AND AMOUNTS

Accidental Death Benefit	Principal Sum: \$10,000.00
Accidental Dismemberment Benefit	Principal Sum: \$10,000.00
Accident Medical Expense Benefit	Maximum Benefit: \$100,000.00
Deductible Options Made Available for Purchase: \$0, \$250, \$500 (<i>please refer to your certificate for which deductible option you selected</i>)	
	Maximum Dental Limit: \$250.00
Loss Period: 90 days	Benefit Period: 1 year
Heart Failure Benefit Amount: \$10,000	
Accident Dental: \$250 Max Benefit	

DEFINITIONS

Benefit Period: The period of time during which Covered Expenses must be incurred in order for benefits to be payable, as shown in the Schedule of Benefits or applicable Riders. A benefit period starts on the date of the Covered Accident and ends at the end of the time period shown as the Benefit Period, unless specified elsewhere in the Policy

Injury or Injuries: A bodily injury which is:

1. directly and independently caused by specific Accidental contact with another body or object;
2. a source of loss that is sustained while the Insured Person is covered under this Policy and while he or she is taking part in a Covered Activity.

For all Benefits, Injury includes Heart and Circulatory Malfunction, subject to the following conditions:

1. Malfunction must occur before age 65 while the Insured is taking part in a Covered Activity; and
2. The symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to the Insured and within 48 hours of having taken part in a Covered Activity; and
3. Such Insured has not, within one year prior to the date of participation in the Covered Activity, been medically diagnosed with, or received any medication for, any myocardial infarction, angina pectoris, coronary thrombosis, hypertension, heart attack, or a cerebral vascular incident.

For the Accident Medical Expense Benefit, Injury also includes repetitive motion injuries or aggravation of such injuries resulting from participation in a Covered Activity. Repetitive motion injuries are injuries such as, but not limited to, strains, sprains, hernias, tennis elbow, tendonitis, bursitis, and muscle tears. The repetitive motion injury must be diagnosed by a Physician and occur within 30 days of participation in a Covered Activity.

All Injuries sustained in one Accident, including all related conditions and recurrent symptoms of these Injuries will be considered as one Injury.

Loss Period: The period of time within which the first expense must be Incurred following an Accident for Benefits to be payable for the Injury sustained.

Reasonable Charge (R&C): The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

1. the actual amount charged by the Provider; or
2. the negotiated rate, if any; or
3. the fee most often charged for in the geographical area where the service was performed.

GENERAL EXCLUSIONS

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. war or any act of war, whether declared or undeclared.
3. involvement in any type of active military service.
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. participation in the commission or attempted commission of a any felony,.
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity.
7. being intoxicated while operating a motor vehicle. a. An Insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Insured's intoxication.
8. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
9. travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
10. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.
11. participation in any team sport or any other athletic activity unless mentioned in the Covered Activities.
12. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
13. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground. 14. any loss incurred while outside the United States, its territories or Canada.

EXCESS COVERAGE PROVISION

We will not pay Benefits under the Basic Accident Medical Expense and Catastrophic Accident Medical Expense Benefits for Covered Expenses to the extent that they are collectible under another Health Care Plan.

Covered medical expenses exclude amounts not covered by the primary carrier due to penalties imposed on the Insured Person for failing to comply with Policy provisions or requirements. We will pay for Covered Expenses denied under any other Health Care Plan as being out of network or out of the service area, subject to all the terms and limitations of the Benefit.

When Benefits under any other Health Care Plan are covered under this Policy, and coverage under this Policy and the other Health Care Plan are excess, we will pay a pro rata share of the total amount of

Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses. Our pro rata share will be based on the total of Benefits payable under this Policy in proportion to the total of Benefits payable by all Health Care Plans for the same Covered Accident **Notice of Claim:** Written notice of claim must be given within 30 days after a covered loss occurs or expense starts or it must be given as soon as reasonably possible. The notice must be sent to the servicing group claims office:

- Submit your completed Accident & Health claim form, itemized bills and Explanation of Benefits from their **PRIMARY** health insurance company to:

K&K Insurance Group, Inc.
Claims Department
P.O. Box 2338
Fort Wayne, Indiana 46801-2338
Fax: 312-381-9077
Email: KK.PAclaims@kandkinsurance.com

- If there are any questions regarding a claim, call: **K&K Insurance Group, Inc.** by calling **1-800-237-2917**.

This information is a brief description of the coverage available under the 2022-2023 Pop Warner Insurance Plan and does not address all terms, conditions, limitations, exclusions, and termination provisions. Insurance coverage is governed by actual policy language.

LIABILITY INSURANCE

Purpose of Coverage: General Liability Insurance covers claims for legal liability arising from bodily injury, property damage, and personal and advertising injury. **Coverage is subject to \$1,000,000 per occurrence limit and a has a \$3,000,000 general aggregate (maximum/or cap that a policy will pay out in a policy period per member insured league/association/conference purchasing coverage) limit. Insureds have the option to purchase an additional limit of \$1,000,000 per occurrence by purchasing the excess liability coverage. See enrollment form for rates.**

Who is Covered

Insured: Coverage is provided for the insured League, Conference, or Association who have applied for coverage and paid the appropriate premium, including their insured teams, sponsors, volunteers, managers, coaches, game officials, and other managing personnel and auxiliaries, while acting on behalf of the insured League, Conference, or Association, or one of its insured teams during Pop Warner sponsored events.

Additional Insured: Coverage as an “Additional Insured” will automatically be afforded to owners/lessors/managers of playing facilities such as those owned by cities, municipalities, school districts, etc. Should you need a certificate that specially names them as an additional insured, this can be requested Section IV of your application.

Major Coverages Afforded under the General Liability Program

- Participants Legal Liability
- Sexual Abuse/Molestation Liability (\$1,000,000 per occurrence / \$2,000,000 per perpetrator policy aggregate)
- Participant Brain Injury/Concussion Liability (\$1,000,000 per occurrence / \$4,000,000 policy aggregate)
- Liability arising from the ownership, maintenance, or use of football fields, stands, and playing areas by Pop Warner members for Pop Warner sanctioned events
- Liability arising from all activities necessary or incidental to the conduct of practice, exhibition, scheduled and post-season games
- Liability arising from consumption or use of food products at Pop Warner-sponsored events
- Liability arising from Pop Warner-sponsored fund-raising, meetings, and awards banquets
- Cost of investigation and defense against claims
- Liability assumed under an insured contract
- Liability for libel, slander, defamation of character, wrongful eviction, and invasion of privacy

Major Exclusions under the General Liability Program

- The use of automobiles, buses, watercraft and aircraft
- Property of others in the care, custody, and control of the insured
- Assault and Battery
- Injury or death of an employee
- Amusement Devices (includes climbing walls, inflatables, bungee operations, dunk tanks, etc.)
- Concerts
- Epidemic or Pandemic Communicable Disease Limited Exclusion

Additional Insured Certificates: Field owners and qualified others may be added as additional insureds FREE OF CHARGE. In order to obtain a certificate that specifically names them, their complete names, addresses, and relationship to the insured organization (e.g. “field owner”) must be listed on the “Certificates of Insurance” pages provided in Section VII of the Enrollment Form, **at the time you submit your enrollment form** to Pop Warner. All other requests must be made to Pop Warner using the attached certificate request form.

This information is a brief description of the coverage available under the 2022-2023 Pop Warner Insurance Plan and does not address all terms, conditions, limitations, exclusions, and termination (cont)

provisions. Insurance coverage is governed by actual policy language. The General Liability and Excess liability coverages are provided by Scottsdale Insurance Company and Inland Marine/ Equipment Floater coverage is provided by National Casualty Insurance Company.

POP WARNER CLAIM SUBMISSION PROCESS

Excess Medical

Pop Warner Little Scholars, Inc. provides excess accident coverage for registered participants through Zurich American. The excess policy covers accidents that occur during sponsored activities and is secondary to the participants' group medical insurance.

When a player is injured, all medical bills must first be submitted to the primary insurance. As soon as possible after an accident, the injured player, or parents, if the player is a minor, will need to complete a claim form. The claim form is included in this packet.

A representative of the league, coach or league official, must complete and sign the incident report section of the claim form. This is for verification purposes to confirm that the player was injured while participating in a sponsored event. The injured player, or parent, must complete Part II (Accident Medical Section). Please submit the completed Pop Warner form as soon after the injury as possible.

Once response is received from any primary insurance, please submit each itemized medical bill (a balance due statement is not sufficient) along with the corresponding primary insurance Explanation of Benefits (EOB) for each bill. If the injured player has no other insurance, that information must be noted on the claim form. The Excess Medical insurance policy becomes primary in the absence of other valid insurance.

If you require a(n) additional claim form(s), you may submit a photocopy of the blank original form or you may go to www.popwarner.com.

General Liability and Property

When an accident occurs a notice must be completed immediately. This holds true whether the person involved is a participant or a spectator, or whether or not you feel the incident will result in a claim. The General Liability or Property Notice of Occurrence/ Claim form is included in this packet or you may go to www.popwarner.com.

PLEASE SEE ATTACHED CLAIM FORMS