



CONNECTICUT JUNIOR SOCCER ASSOCIATION

(Underwritten by An A.M. Best Rated "A" Insurance Company)

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PULLENINS.CO

YOUTH SOCCER GENERAL LIABILITY BENEFITS Explanation of Coverage

Term of Insurance: September 1, 2015 to September 1, 2016

ACCIDENT MEDICAL EXPENSE BENEFITS & ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS Explanation of Coverage

Term of Insurance: September 1, 2015 to September 1, 2016

Who is Covered?

Connecticut Junior Soccer Association, its affiliated associations, leagues, clubs and all officers, directors, coaches, employees, teams, team officials, and volunteers while acting on behalf of Connecticut Junior Soccer Association at a covered activity.

Limits of Liability

General Aggregate NONE (Unlimited)
Products/Completed Operations Aggregate \$1,000,000
Personal and Advertising Injury \$1,000,000
Each Occurrence \$1,000,000
Participant Legal Liability Each Occurrence (other than brain injury) \$1,000,000
Participant Legal Liability Aggregate (other than brain injury) Unlimited
Participant Legal Liability Brain Injury Each Occurrence \$1,000,000
Participant Legal Liability Brain Injury Aggregate \$3,000,000
Damage to Premises Rented to You Limit \$300,000
Medical Expense (Spectators Only) \$5,000
Sexual Abuse Each Occurrence \$1,000,000
Sexual Abuse Aggregate \$2,000,000
Non-Owned / Hired Auto Liability \$1,000,000
Excess Liability \$5,000,000 subject to policy exclusions

What is Covered?

- Liability for bodily injury or property damage to spectators, game participants, and to members of the general public for activities sanctioned by Connecticut Junior Soccer Association.
- Liability for outdoor fields owned by affiliates for its sole use while acting on behalf as a member of the state association.
- Fundraising, meetings, awards banquets.
- Activities necessary or incidental to the conduct of practice, exhibition, post season and scheduled games.
- Liability for false arrest, detention or malicious prosecution, libel, slander, defamation of character, or wrongful eviction.
- Hired and non-owned auto, while being used in the business of the named insured. Excludes coverage for any driver transporting athletic participants.
- Products liability for food or drinks sold on premises.
- Medical Payments \$5,000 (non-participants).
- Host Liquor liability for banquets and meetings.

Territory

Worldwide for bodily injury, property damage, and personal and advertising injury while temporarily outside of the United States providing suit is made within the United States.

Notable General Liability Exclusions

- Standard commercial general liability exclusions apply.
- Property of others in the care, custody and control of the insured such as personal property of players, coaches, or parents.
- Liability to pay Worker's Compensation.
- Intentional acts.
- Amusement devices other than inflatables and dunk tanks.

Additional Insured

Certificates of insurance are furnished to each association identifying them as members of the state organization. Certificates of insurance will be issued upon request adding the name of a school district, university, private land owner, municipality, or sponsor. All other requests are subject to underwriting approval.

Who is Covered?

Insured persons include all registered team members, those players participating in approved try-outs, coaches, managers, referees, officials, and volunteers of the teams, leagues or of the association.

Covered Activities

Insured persons are covered for injuries resulting directly and independently of all other causes from accidents occurring while participating in the following covered activities:

- Scheduled games, team practice sessions, tryouts or sponsored activities provided they are under the direct supervision of a team official; or sanctioned local or national tournaments as a member of a contestant team.
- Organized and supervised group travel as authorized by the Policyholder directly to and from a covered event.

What Is Not Covered

The plan does not provide coverage for: • intentionally self-inflicted injury • air travel except as a fare-paying passenger on a regularly scheduled airline on a scheduled flight • injuries resulting from other than covered activities • loss resulting from sickness or disease, except bacterial infection which occurs through an accidental wound

Accident Medical Policy Limits

For reasonable necessary medical expenses, our youth accident medical policy pays up to \$100,000 for injuries sustained in a covered accident. Dental injuries are treated like any other injury. Payment will not be made for any expenses incurred after 104 weeks from the date of injury. An expense is considered incurred on the date the medical care is rendered. A \$250 Deductible applies to each covered accident. A Physical Therapy/Chiropractic limit of \$50 per visit/\$2,000 maximum per injury also applies.

Connecticut Junior Soccer Association, Inc. excess accident medical insurance policy is secondary insurance. Failure to follow the rules of your primary healthcare coverage will result in a benefit reduction of eligible expenses to 50% of the amount otherwise payable.

"Injury" means bodily injury of an Insured Person resulting directly and independently of all other causes from an accident which occurs while he or she is participating in a covered activity. Sickness or disease (except pus forming infections which occur through an accidental cut or wound) of any kind will not be considered as bodily injury.

Reasonable Expenses means usual and customary charges.

Accidental Death and Dismemberment Benefits

The plan pays:

- \$5,000 for loss of life or loss of two or more members, which results from injuries sustained in an accident which occurred while participating in a covered activity.
- \$2,500 for loss of one member (hand, foot or eye), which results from injuries sustained in an accident which occurred while participating in a covered activity.
- Such payment shall be in addition to any other indemnity payable to the date of loss, but only one amount, the larger amount applicable shall be payable for all such losses resulting from any one accident.
- "LOSS" shall mean, with respect to hands and feet, physical separation through or above the wrist or ankle joint; with respect to the eyes, entire and irrecoverable loss of sight.

Excess Coverage

The participant accident medical expense insurance is provided on an "excess" basis. This means that after the insured player or coach has been reimbursed for medical expenses by other insurance programs, and after the deductible has been satisfied, the Youth Soccer Accident Medical Expense plan will pay up to the maximum Medical Expense benefit for remaining treatment, service and supply expenses. These other programs include group, blanket or franchise health insurance coverage, group hospital or medical service plans, and prepayment coverage; any coverage under labor-management trustee plans, union welfare plans, employer organization plans, and coverage under any governmental programs, coverage required or provided by any statute, and automobile reparations insurance (no-fault) coverage.

Claim Procedures

For AD&D and Accident Medical Expense Claims, claim forms are available through your State Association, League or Club Offices. Detailed Accident Medical Expense claim instructions can be found on each claim form. In the event of injury requiring medical treatment, you should:

- Fully complete a claim form verified by a witness and submit it to your State Soccer Association for verification.
 - Notice of claims must be filed within 90 days from the date of injury or as soon thereafter as is reasonably possible.
- Youth Soccer Accident Medical coverage is provided on an "excess" basis. Therefore, charges must first be submitted to any other medical insurance carrier available to the participant.



CONNECTICUT JUNIOR SOCCER ASSOCIATION ACCIDENT MEDICAL CLAIM FORM

GUIDELINES FOR SUBMITTING A YOUTH SOCCER ACCIDENT CLAIM FORM

1. Complete **ALL** questions on the Youth Soccer Accident Claim Form.
2. Have the coach or another local official that witnessed the accident sign **Section III** (COACH OR LOCAL OFFICIAL VERIFICATION).
3. Sign the claim form in **Section VI** (STATEMENT OF CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION.)
4. File this new report of claim within 90 days of the date of accident or as soon thereafter as is reasonably possible.
5. If you have other insurance, submit your itemized bills to the other carrier first. You will receive a payment Explanation of Benefit worksheet (EOB) from your other carrier. Do **NOT** wait until your other carrier has processed all your bills before filing a Youth Soccer Accident Claim Form.
6. You may attach itemized bills and your other carrier's EOBs that are ready at the time of submitting this Claim Form.
7. Send the Claim Form to your State Association for verification and authorized state signature. **DO NOT SEND THE CLAIM FORM DIRECTLY TO PULLEN INSURANCE SERVICES.**
8. Upon receipt of the claim form from your state association we will forward an acknowledgement form advising you of receipt of your claim. All future correspondence concerning your claim should be directed to Mutual of Omaha at the address and phone number listed on your acknowledgement.

HELPFUL REMINDERS

1. There is a \$250 deductible per covered accident for the 9/1/15 - 9/1/16 policy year. Each claim is subject to a \$50 physical therapy/chiropractic limit per visit/\$2,000 total maximum.
2. Each itemized bill **MUST** show the following:
 - Provider of Service's Name
 - Provider's Address
 - Provider's Federal Tax ID#
 - Provider's Telephone #
 - Date of Service
 - Diagnosis Description or Codes (ICD-9)
 - Procedure Description or Codes (CPT)
 - Charge for each Procedure
3. Additional bills to be submitted at a later date (after the initial submission of your claim) should be mailed directly to Mutual of Omaha with the following information: Name of the claimant, date of the accident, and name of the State Youth Soccer Association.
4. Please allow time to properly process your claim.
5. Please respond promptly to any correspondence requesting additional information. It is the Parent / Guardian / Claimant's responsibility to request this information from the provider of service or from your primary carrier.
6. An Explanation of Benefits will be sent to you by Mutual of Omaha.

MOST FREQUENTLY ASKED QUESTIONS

What is an itemized bill?

An itemized bill is a detail of the procedures performed by a licensed provider of service; i.e. Hospital, Clinic, Physician, etc.

What if I don't have an itemized bill?

The Parent/Guardian must request this information from the provider of service. Some providers only mail a balance due statement. Mutual of Omaha is unable to process this charge without an itemized bill. Again, request this information from the provider service. Explain that you have Youth Soccer Excess Accident Coverage.

Can you process this claim with my other insurance carrier's worksheet alone?

No, the Payment Explanation (EOB) from your other insurance does not have complete information to process this claim.

What if I don't have my other carrier's payment explanation (EOB)?

The Parent/Guardian must request the EOB from their other insurance carrier.



POLICY NUMBER: T5MP-P-053283

POLICY YEAR: 9/1/15 – 9/1/16

IMPORTANT

This claim form must be mailed to your state association listed below:

Connecticut Junior Soccer Association
11 Executive Drive
Farmington, CT 06032

SECTION I TO BE COMPLETED BY CLAIMANT, PARENT OR GUARDIAN

- Name: (LAST) _____ (FIRST) _____ (MIDDLE) _____
- Date of birth: ____ / ____ / ____
- Sex: Male Female
- Home Address: (STREET) _____
(CITY) _____ (STATE) _____ (ZIP CODE) _____
- Type of claimant: Player Coach/Asst Coach Other: _____
- Accident date: ____ / ____ / ____
- Description of injury (Indicate LEFT or RIGHT; i.e. Left Leg): _____
- Did accident occur during (✓ all that apply) game practice tournament indoor soccer
 sanctioned/sponsored activities travel directly and interruptedly to or from activity premises
- Describe how injury was sustained: _____
- Name of field / facility where accident occurred: _____

SECTION II STATISTICAL INFORMATION

- Name of local association or league: _____
- Name of club (if applicable): _____
- Name of team: _____
- Age Division: (U-12, U-10, etc): _____
- Competitive Recreational
- Time: Morning Afternoon Evening After Hours
- Location: On Field Sidelines Spectator Area Other
- Disposition: On-site Care Only Ambulance Personal transportation Refused care
- Surface: Dirt Grass Artificial Turf Other
- Surface condition: Dry Wet Icy Irregular
- Position: Goalie Forward Defender Other
- Activity: Running w/ ball Running w/o ball Defending Other
- Situation: Hit by ball Collision w/ Participant Non-contact injury Other

SECTION III COACH OR LOCAL OFFICIAL VERIFICATION

Signature of Coach or Local Official	Coach or Local Official Name (print)	Date
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SECTION IV AUTHORIZED STATE OFFICIAL *

I, _____, of the _____ certify that the above claimant was a registered player, coach, assistant coach, or participant at the time the accident occurred.

Signature of Authorized State Official	Title	Date
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* Must be signed by the authorized state soccer association administrator with the state soccer office.



2560 RIVER PARK PLAZA, SUITE 300
 FORT WORTH, TEXAS 76116
 (866) 738-6100 FAX (817) 738-2993
 PULLENINS.COM

CLAIMANT'S NAME: _____

FAILURE TO COMPLETE THIS FORM MAY RESULT IN UNNECESSARY DELAY IN THE PROCESSING OF THIS CLAIM.

SECTION V PARENT / GUARDIAN / CLAIMANT INFORMATION

Father / Guardian / Claimant

Mother / Guardian / Claimant

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: (_____) _____ - _____
 Employer: _____
 Phone: (_____) _____ - _____ Ext. _____
 Email: _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: (_____) _____ - _____
 Employer: _____
 Phone: (_____) _____ - _____ Ext. _____
 Email: _____

Is claimant covered under ANY other insurance policy? Yes No

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ - _____
 Insured Name: _____
 Insured ID #: _____ Insured Group # / Name: _____

If your son or daughter has medical insurance coverage as an eligible dependent from a previous marriage as mandated in a divorce decree, please give name, address and phone number of responsible party: _____

SECTION VI STATEMENT OF CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION

Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by Mutual of Omaha or its representative, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

 Signature of Parent / Guardian / Claimant

 Date

SECTION VII ASSIGNMENT OF BENEFITS

ALL BENEFITS WILL BE MADE PAYABLE TO DOCTORS AND HOSPITALS INVOLVED, UNLESS ACCOMPANIED BY PAID RECEIPTS.

Coverage Underwritten by:



Mutual of Omaha



CONNECTICUT JUNIOR SOCCER ASSOCIATION

(Underwritten by An A.M. Best Rated "A++" Superior Insurance Company)

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY

CLAIMS MADE POLICY

Explanation of Coverage

Term of Insurance: September 1, 2015 to September 1, 2016

Insured Persons

State Association and its scheduled affiliate member clubs, leagues, associations, including any individual who was, now is, or shall be a director, officer, trustee, employee, volunteer, staff, faculty or committee member.

Policy Limits

\$2,000,000 in the Aggregate for all claims made during the policy period. Defense cost coverage is unlimited and not part of the aggregate limit.

Policy Type

Coverage limited to a claim first made while the policy is in force for a wrongful act and which is reported to the insurer no later than sixty (60) days after the termination of the policy.

Retention

\$5,000 each claim inclusive of defense costs.

Coverage

- Wrongful act means any actual or alleged breach of duty, neglect, error, misstatement, misleading statement, omission by the Organization or an insured in the performance of duties while on behalf of the entity.
- Employment practices liability coverage, including wrongful termination, sexual harassment, discrimination, and breach of employment contract.
- Legal expenses paid on your behalf as they are incurred if defense of claim is tendered to underwriter. If Connecticut Junior Soccer Association assumes defense of claim the underwriter will advance defense cost prior to the final disposition of a claim.
- Connecticut Junior Soccer Association selects defense attorney or consents to the insurer's defense attorney.
- Retention applies to every claim.
- Claim includes any written demand for any insured for monetary damages or other relief seeking to hold an insured responsible for a wrongful act.
- No personal injury exclusion (defamation, libel/slander coverage included).
- Punitive damage coverage included.
- Third party discrimination coverage is provided under this policy.
- Defense cost coverage for breach of contract claims.
- Coverage for claims made by an affiliate against Connecticut Junior Soccer Association (insured vs. insured)

Exclusions

- Fraudulent or dishonest acts.
- Bodily injury, sickness, disease or death, including emotional distress and mental anguish.
- Property damage.
- Failure to maintain insurance.
- Prior known and reported wrongful acts/prior or pending proceedings.
- Lawsuits certified as a Class Action.
- Failure to perform professional services for others.
- Sexual abuse exclusion

THIS OUTLINE IS ONLY FOR GENERAL INFORMATION AND NONE OF THE ABOVE SHALL AMEND OR ALTER THE INSURANCE CONTRACT. THE WORDING OF THE POLICY CONSTITUTES THE ONLY AGREEMENT BETWEEN THE INSURED AND THE INSURANCE COMPANY. CONSULT YOUR POLICY FOR COVERAGE EXCLUSIONS.