



# **BC SOCCER INSURANCE PROGRAM**

## **Sport Liability Insurance**

#### Why Liability Insurance?

Because no matter how careful you are, accidents happen. And you can be sued by anyone who claims injury or damages resulting from your activities. You may not be liable, but you will need to be defended in court. A liability policy will pay for this defense as well as any costs awarded against you. In short, liability insurance gives you peace of mind.

#### Who is Insured?

All members of your organization, including executives, managers, coaches, trainers, officials, employees and volunteers while acting within the scope of their duties on your behalf.

#### **Activities Covered**

Sanctioned or authorized events within your sport discipline, including related training authorized by you.

### General Liability Insurance - \$5,000,000 Limit

The policy will pay those sums that the insured becomes legally obligated to pay as compensatory damages because of bodily injury to or damage to property of others, such as spectators, passersby, property owners and others resulting from your operations or actions. Coverage includes your legal liability for injury to participants.

Including the following extensions:

- Premises, Property and Operations
- Products and Completed Operations
- Blanket Contractual
- Personal Injury (libel and slander)
- Employees as Additional Insured
- Cross Liability
- Non-Owned Automobile (in most cases)
- Tenants Legal Liability \$2,000,000

A deductible of **\$2500** applies to bodily injury, property damage and legal expenses.

## **Directors and Officers Insurance**

Directors and officers may be sued for actual or alleged errors or omissions while performing their duties as officials of the organization. D&O insurance will pay those sums the organization, directors and officers become legally obligated to pay as compensatory damages because of a wrongful act.

Limit – **\$5,000,000** 

Deductible – \$2500

# **Participant Accident Insurance**

<u>Important Reminders:</u> The sport accident policy is a 3<sup>rd</sup> payer participant accident policy. This means that it will only respond after the limits have been exhausted under the BC Medical Services Plan and any extended health plan (if applicable).

Coverage for practices, games, team travel. One plan covers all participants, managers, coaches, executives, and field officials throughout the entire season.

#### For each separate accident the Plan pays:

Dental - Up to \$10,000

For dental treatment resulting from injury to sound natural teeth and completed within 52 weeks of the accident.

# Blanket Medical Expense Reimbursement - \$25,000

#### Deductible - \$250

The Insurer will pay with respect to each Insured who sustains bodily injury as a result of an accident, all reasonable medical expenses resulting therefrom and incurred within 52 weeks of the date of the accident for:

- the services of a legally qualified physiotherapist, chiropractor, osteopath or registered nurse;
- crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair or hospital bed; prescription drugs; casts and cast materials; licensed ambulance service;
- hospital services not covered by any federal or provincial government health insurance plan.

# The maximum amount payable under this section is \$25,000.00

#### Principal Sum Benefits - Up To \$50,000

In the event of Loss of Use of Hands, Arms, or Legs: Quadriplegia, Paraplegia, Hemiplegia; Loss of Speech and Hearing or Dismemberment occurring within 52 weeks of the accident (benefit as scheduled).

#### Accidental Death - \$25,000

In the event of accidental death occurring within 52 weeks of the accident:

#### **Fracture Indemnity Benefit**

Up to \$500 paid for fracture of bone or bones (including chip and linear fractures).

#### Rehabilitation Indemnity Benefit

Up to \$3,000 for special occupational training required due to an accident.

#### **Tuition Fees Reimbursement**

Up to \$2,000 for tutorial services made necessary by post-accident confinement.

#### **Emergency Transportation Benefit**

Up to \$50 for transportation from arena or field to nearest hospital or doctor's office.

#### **Eyeglasses and Contact Lenses Expense**

Up to \$100 for repair or replacement of eyeglasses or contact lenses when damage results from an accident which required the Insured Person to receive treatment by a physician or dentist.

## **Limitations and Exclusions**

No benefit shall be payable for any loss resulting directly or indirectly, wholly or partially from any of the following causes:

(a) purchase, repair, or replacement of eyeglasses, contact lenses or prescriptions thereof (except as otherwise provided);

(b) sickness or disease either as a cause or effect;(c) any intentionally self-inflicted injury;

(d) any of the hazards of aviation except while riding as a fare paying passenger in a licensed aircraft operating on a regular scheduled service between airports:

(e) declared or undeclared war, invasion or civil war, or any act thereof;

(f) service in the armed forces of any country;

(g) any benefits that are available under any

Government Health Insurance Plan, whether enrolled in such a plan or not;

(h) dental and/or other expense benefits shall be for the excess of expenses payable under any other benefit plan or policy; (i) an insured person who is not a resident of any Canadian province that has enacted Medical Care Legislation unless stated specifically in this policy.

# Athletic Accident/ Participant Accident Claim Procedures

### Reminder:

The participant accident policy is a 3<sup>rd</sup> payer participant accident policy. This means that it will only respond after the limits have been exhausted under the BC Medical Services Plan and any extended health plan (if applicable).

- It is the responsibility of the Insured to obtain an athletic accident claim form from the association or club executive.
- The Insured or parent/guardian shall fully complete the claim form.
- For reimbursement of dental or medical claims, the Insured shall have the attending dentist or physician complete the applicable form.
- The Insured shall submit the completed claim form to the <u>association or club executive for</u> <u>their signed</u> certification.
- Proof of claim, including a report from the attending dentist or doctor, must be submitted within 90 days of the date of the accident.
- <u>Fully completed</u> Athletic claim forms should be sent without delay via email to:

## canadaclaims@markel.com

Questions about insurance, coverages or procedures?

#### Contact us

SBC Insurance Agencies Limited Office Hours: M-F 8:30am to 4:30pm Email: info@sbcinsurance.com Phone: 1-877-360-6648



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