



JVA General Liability and Excess Accident Insurance Overview

The **Junior Volleyball Association (JVA)** offers an excess accident medical and commercial general liability insurance program specifically for the participants of JVA volleyball. Offered as an exclusive benefit of the club program or tournament schedule, it is a cost effective alternative to purchasing general liability and excess accident insurance on an individual basis. The JVA Volleyball registration requirement is a condition of the policy and a common practice among sports federations.

POLICY DATES: September 15, 2015 – September 14, 2016

CARRIERS: Tudor Insurance Company – Commercial General Liability
Hartford Accident Insurance Company – Excess Accident Medical

NAMED INSURED:

The named insured is JVA/Junior Volleyball Association. The above named insured is covered with respect to activities applied for and approved under the insurance policy

Definition: “Applied and Approved” Event: An event JVA and JVA Event Tournament Committee has approved and whose sponsoring club has applied for JVA insurance and been approved for a JVA Volleyball event. Events shall include, but may not be limited to, team competition, practices, sports clinics, team group authorized travel or fundraisers conducted or attended as a part of a sanctioned event. Note that all fundraisers and special events may not be covered under the policy. Please provide detailed information of the event for carrier approval.

GENERAL LIABILITY COVERAGE SUMMARY:

Commercial General Liability (CGL) insurance protects against claims of liability for bodily injury, property damage arising out of premises, products and completed operations and personal and advertising injury.

GENERAL LIABILITY LIMITS OF INSURANCE:

Each Occurrence	\$1,000,000
Participant Legal Liability	Included *
Personal Injury and Advertising Injury	\$1,000,000
General Aggregate	\$3,000,000
Products-Completed Operation	Included
Damage to Premises Rented To You	\$100,000 Any One Premises
Medical Expense Limit	\$5,000 Any One Person
Sexual Molestation	\$25,000/Each Molestation**, \$50,000/Aggregate

*A waiver and release form, hold harmless or assumption of risk form has been signed by the "participant" or the "participant's" parent or legal guardian prior to the "occurrence" giving rise to a claim under this policy; and Catastrophic Medical Insurance on behalf of the "participant" or Excess Accident Medical Insurance with a minimum limit of \$25,000 on behalf of the

"participant" is in full force and effect at the time of an "occurrence" that gives rise to a claim under this policy.

** Any multiple, continuous, recurring, or related acts of "molestation" against a single claimant or victim shall be treated as a single "molestation" for purposes of determining the Each Molestation Limit of insurance regardless of the number of acts, events, conditions, injuries, perpetrators, claims, causes of action, theories of liability, "suits", or insurance policies in effect at any point during exposure to the "molestation".

A REVIEW OF GENERAL LIABILITY COVERAGE:

Commercial General Liability insurance provides coverage for claims of bodily injury or property damage made against the insured for which they become legally liable. The insurance company will defend the named insured for claims which the Insured shall become "legally" obligated to pay as damages because of bodily injury or property damage to which the insurance applies, caused by an occurrence during the policy period, up to the policy limit. The General Liability policy for JVA is an "occurrence" policy.

NOTABLE EXCLUSIONS WITHIN THE LIABILITY POLICY:

Nuclear Energy, Asbestos, Pollution, Employment Related Practices, Bodily Injury to anyone other than volunteers, , Liquor Liability, Contractual Liability, Mobile Equipment, Assault and Battery, Communicable Diseases, Cross Suits or claims made between insureds, Lead Contamination, Inflatable Devices, Certified Acts of Terrorism and Workers Compensation.

The above exclusions are only a recap of the pertinent exclusions. This policy contains additional exclusions not specifically listed here. Please refer to master policy for complete list.

ACKNOWLEDGEMENT WAIVER AND RELEASE FROM LIABILITY:

As with most sports activities, a signed "Acknowledgement Waiver and Release from Liability" (AWRL) form is required from all participants and from parents or guardians in the case of minors. Most sports require this document to serve as an acknowledgement to participants or to the parents of participating minors of the inherent risk and danger associated with participating in sporting events. This waiver is intended to serve as a warning of the risks and the participants signing this waiver are giving their informed consent to the acceptance of those risks. It is important to remember that a signed waiver DOES NOT reduce the need for insurance or effective safety practices. A signed waiver is JVA's "first line of defense" against a cause of action for negligence and is a very effective risk management tool. The general liability carrier requires that all Players, Coaches, Managers, Staff Members, Team Workers, Officials, Volunteers, and anyone else granted authorization to enter any restricted area during an activity or sport, sign a liability waiver and release form. Safety is our primary obligation.

ADDITIONAL INSURED:

Certificates will be issued naming other interests as additional insured in respect to approved activities by the named insured. Only list those entities that contractually require you to name them as an additional insured on the General Liability policy. Your insurance premium includes all additional insured (s) that are landowners, field locations or sponsors. Any special requests must be sent to the carrier for approval.

SPORT ACCIDENT EXCESS MEDICAL INSURANCE COVERAGE SUMMARY:

The Sport Accident Excess Medical insurance program provides participant coverage for bodily injury of an "Insured Person" that results directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity.

EXCESS ACCIDENT LIMITS OF INSURANCE:

CAMP Maximum Limit	\$25,000
CAMP Accidental Death Benefit	\$ 5,000
CAMP Accidental Dismemberment Benefit	\$ 5,000
CAMP Maximum Dental Limit	\$ 1,500
CAMP Deductible Amount	\$ 100 per claim

TEAM Maximum Limit	\$25,000
TEAM Accidental Death Benefit	\$ 2,500
TEAM Accidental Dismemberment Benefit	\$ 2,500
TEAM Maximum Dental Limit	\$ 1,500
TEAM Deductible Amount	\$ 250 per claim

A REVIEW OF EXCESS ACCIDENT MEDICAL COVERAGE:

The carrier will pay the Reasonable Expenses incurred by an Insured Person, in excess of the Deductible Amount, for Medical Care due to:

- (a) Injury, if the first expense is incurred within 26 weeks after the accident; and
- (b) the expense is incurred within 2 years after the accident.

They will not pay:

- (a) more than the Maximum Benefit for all expenses incurred as the result of any one accident; or (b) for expenses incurred more than 2 years after the accident.

They will not pay:

- (a) more than the Maximum Dental Limit for all expenses incurred for dental treatment, services and supplies; or (b) more than the Maximum Benefit for all Medical Care and dental treatment, services and supplies, as the result of any one accident.

TEAM INSURED PERSON means each person who qualifies as a "Member of a Team" during the Team's Sport Coverage Period.

CAMP INSURED PERSON means any person who is a registered participant in a Volleyball Camp sponsored by the Policyholder.

TEAM COVERED ACTIVITIES This policy covers injury resulting from accident which occurs during the Sport Coverage Period for the Insured Person's Team while he or she is participating as a Member of a Team in a scheduled game, an official tournament game, or in a practice session of the Team; or traveling directly to or from a game or practice sessions as a Member of a Team.

CAMP COVERED ACTIVITIES means this policy covers each Insured Person during the policy period while he or she is participating in Volleyball Camp activities that are sponsored by the Policyholder; and on the premises designated and supervised by the Policyholder or traveling with a group in connection with the activities under the direct supervision of the Policyholder.

EXCESS ACCIDENT CLAIMS PROVISIONS:

The person who has the right to claim benefits (the claimant, beneficiary or his or her Representative must give the carrier written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include the Insured Person's name and the Policy Number. Notice should be given to our agent or sent to us at the home office.

Proof of Loss: Proof of loss must be sent to the carrier within 90 days after the date of the loss. If the claimant is not able to send proof within that time it may be sent as soon as reasonably possible without affecting the claim.

THIS IS ONLY A SUMMARY OF THE GENERAL TERMS AND CONDITIONS OF THE INSURANCE POLICY. IT IS NOT THE INTENT OF THIS SUMMARY TO LIST ALL THE DETAILS RELATING TO THE INSURANCE POLICY. ACTUAL COVERAGES ARE DETAILED IN THE INSURANCE POLICY AND SUCH COVERAGE IS SUBJECT TO ALL THE TERMS, PROVISIONS, CONDITIONS AND EXCLUSIONS CONTAINED THEREIN. RELIANCE SHOULD NOT BE MADE ON THIS GENERAL SUMMARY. CONSULT THE ACTUAL POLICY FOR A COMPLETE DESCRIPTION OF COVERAGE AND EXCLUSIONS.

Rev. 11/17/15