

PREPARED FOR:

**Ontario Baseball Association o/a
Baseball Ontario**

INSURANCE PROGRAM – MEMBER BENEFITS

TERM: MAY 1ST, 2019 TO MAY 1ST, 2020

Insurance Overview

Who is Insured?

The Insurance covers **Ontario Baseball Association o/a Baseball Ontario and its "Members"** for all **"Sanctioned Activities"** authorized by **Ontario Baseball Association**.

Definitions

"Members" shall mean a group or person who has fully paid all dues and fees and is in good standing with all requirements of **Ontario Baseball Association**.

"Sanctioned Activities" shall mean all games, competitions, sports demonstrations including related practice and training, social and fundraising activities authorized by Ontario Baseball Association and run by you or your 'members'. Authorization shall be granted by you by way of written procedural manual or specific agreement in writing by your authorized executives.

Insurance Coverages

1. Commercial General Liability

This coverage 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, passers-by, property owners and others resulting from your operations or actions. Coverage includes your legal liability for injury to participants. Most General Liability policies contain an exclusion, which excludes suits resulting from participants who are injured while participating in a sporting activity. The coverage provided, also includes Injury to Participants that result from your association, member clubs, or individual members negligence.

The coverage even includes at no additional cost, **Additional Insured's**, such as Municipalities, Government Departments, Sponsors and Owners of the Facilities in whose name you have agreed to provide insurance for their vicarious liability arising out of your operations.

2. Errors & Omissions (Wrongful Acts) Liability Coverage

This coverage protects the Directors & Officers, executives, employees and volunteers for consequences of their actions against suits alleging "wrongful acts". The coverage responds to "civil proceedings" (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage is automatically included for each member club. Errors & Omission does not cover against employment related issues.

3. Sport Accident Coverage

Provides coverage for "out of pocket expenses" due to an insured member who has sustained an injury while participating in a **Sanctioned OBA Activity**. This coverage is applicable in Canada and is secondary to any other government health insurance plan.

4. Executive Sport Accident Coverage

This coverage is applicable to **Executive Members of the OBA only**. This coverage indemnifies the member as defined in the policy, who sustains bodily injury or death arising out of an accident as defined under the benefits listed in the policy wording. This coverage is applicable in Canada and is secondary to any other government health insurance plan.

5. Cyber Risk Insurance Coverage

This policy **does not extend to clubs**. The cyber insurance coverage policy is used to insure against risks from cyber attacks, data breaches and other basic risks that result from using electronic communications and data storage.

Coverage Overview

1. SPORTS LIABILITY INSURANCE

LIMIT: \$5,000,000 per occurrence
\$2,000,000 Errors & Omissions Liability/Directors & Officers Wrongful Acts per occurrence
DEDUCTIBLE: \$500 per occurrence
POLICY#: GAME00459
TERM: May 1, 2019 to May 1, 2020
INSURER: **GameDay Insurance Inc. / AVIVA Insurance Company of Canada**

2. EXCESS LIABILITY INSURANCE

LIMIT: \$5,000,000 Excess Liability/per occurrence limit of underlying policy/\$5,000,000 Aggregate
POLICY #: E2SB002933
TERM: May 1, 2019 to May 1, 2020
INSURER: **Everest Insurance**

3. SPORT ACCIDENT INSURANCE POLICY

LIMIT: Various
POLICY#: ACCI00465
DEDUCTIBLE: N/A
EFFECTIVE: May 1, 2019 to May 1, 2020
INSURER: **GameDay Insurance Inc. / AVIVA Insurance Company of Canada**

4. EXECUTIVE SPORT ACCIDENT INSURANCE POLICY (Applicable to Executive Members of the OBA)

LIMIT: Various
POLICY#: ACCI00485
DEDUCTIBLE: N/A
EFFECTIVE: May 1, 2019 to May 1, 2020
INSURER: **GameDay Insurance Inc. / AVIVA Insurance Company of Canada**

5 CYBER RISK INSURANCE (Does not extend to clubs)

LIMIT: \$1,000,000/\$1,000,000 Shared (1st and 3rd party)
POLICY#: CLP3643302
RETENTION: \$5,000 Each Data Compromise (other than Security Disruptions)
Each Security Disruption – 12 hours Waiting Period
\$5,000 Each Claim
EFFECTIVE: May 1, 2019 to May 1, 2020
INSURER: **Great American Insurance Group**

1. Sports Liability

Coverage	Deductible	Limit of Insurance
Commercial General Liability Form		
CGL Each Occurrence Limit	\$500	\$5,000,000
Personal & Advertising Injury		\$5,000,000
Medical Expense Limit		\$10,000 any one person
Participant Liability		Included
Employers Liability Extension		Included
Premises, Property & Operations Liability		Included
Blanket Contractual		Included
Products / Completed Operations Aggregate Limit		\$5,000,000
Incidental Medical Malpractice (Non-professionals)		Included
Tenants Legal Liability (any one premises)		\$2,000,000
Errors & Omissions Liability Per Occurrence	\$500	\$2,000,000
SPF 6 - Non-Owned Automobile		\$5,000,000
SEF 94 – Legal Liability for Physical Damage to Non-Owned Automobiles	\$1,000	\$50,000
SEF 99 – Excluding Long Term Leased Vehicles		Included
O.E.F. 98B – Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement		Included
Additional Insured – Blanket Basis		Included
Cross Liability Clause		Included
15 Day Cancellation Notice		
Liquor Liability for Awards Banquets		Included
Liquor Liability for Beer Tents		Included
Abuse & Molestation Coverage		Included
Territory - Worldwide (with suits brought in Canada and the United States of America including its territories and possessions)		Included
Primary Insurer: GameDay Insurance Inc./Aviva Insurance Company of Canada		

2. Excess Liability Insurance

Coverage	Limit
Excess Commercial General Liability	
Excess Commercial General Liability – Occurrence & Aggregate	\$5,000,000
*over primary \$5,000,000 Liability with GameDay Insurance Policy No. GAME00459	
Insurer: Everest Insurance Company	

3. Sport Accident Coverage

Coverage	Limit of Insurance
Sport Accident Coverage Form	
Principal Amount	\$50,000
Fracture Indemnity Amount	\$1,000
See Section I and Section II for Amounts Payable	
Dental Accident Reimbursement *Includes Future Dental for Minors	\$10,000
Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses	\$200
Emergency Transportation – any one Insured Person	\$50
Family Transportation – any one Insured Person	\$2,500
Medical Expense Reimbursement – any one Insured Person	\$15,000
Prosthetic Appliances – any one Insured Person	\$3,000
Rehabilitation – any one Insured Person	\$3,000
Repatriation – any one Insured Person	\$5,000
Tuition Benefit – any one Insured Person	\$2,000
Aggregate Limit Payable for any one Accident	\$1,000,000
Weekly Income – Waiting Period – 30 days	\$100
Insurer: GameDay Insurance Inc./Aviva Insurance Company of Canada	

***Future Dental for Minors**

In the event that due to the age of the Insured Person, dental development is such that treatment cannot be completed within the 52 weeks from the date of the accident, the Insurer will pay such dental expenses that are incurred for treatment completed prior to the Insured Person reaching 19 years of age, but the total of all Dental Expenses paid shall not exceed the limit shown on the Declaration Page of the Policy. The Insured Person will be required to provide to the Insurer, within the 52 week period from the accident date, a treatment plan completed by the attending licensed Dentist to confirm all future treatment specifically necessitated by the injury.

Future Dental coverage shall not apply to charges for implants and/or services performed in conjunction with implants.

4. Executive Sport Accident Insurance Coverage

Description of Operations: Baseball Activities – Executive Travel

Sport Accident Coverage	Limit of Insurance
Sport Accident Coverage Form	
Principal Amount	\$50,000
Fracture Indemnity Amount	\$1,000
See Section I and Section II for Amounts Payable	
Dental Accident Reimbursement	\$10,000
Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses	\$200
Emergency Transportation – any one Insured Person	\$50
Family Transportation – any one Insured Person	\$2,500
Medical Expense Reimbursement – any one Insured Person	\$15,000
Prosthetic Appliances – any one Insured Person	\$3,000
Rehabilitation – any one Insured Person	\$3,000
Repatriation – any one Insured Person	\$5,000
Tuition Benefit – any one Insured Person	\$2,000
Aggregate Limit Payable for any one Accident	\$1,000,000
Weekly Income – Waiting Period – 30 days	\$100

5. Cyber Risk Insurance

Coverage for Ontario Baseball Association – does **not** extend to clubs

Limit (1 st party / 3 rd party)	Retentions (Data Compromise / Each Claim / Each Network Disruption and/or Reputational Harm)
\$1,000,000 / \$1,000,000 shared	\$5,000 / \$5,000 / 12 Hour
Insuring Agreement A 1st Party - Data Compromise Coverage w/Incident Response Expert Support	Insuring Agreement B 3rd Party – Liability Claims Coverage Duty to Defend
No Sub-limits For: <ul style="list-style-type: none"> • Data Breach Response (incl. forensics, notification, call centers support, etc.) • PCI Compliance Violations (including case management, fines/penalties, fraud recovery, and card reissuance costs) • Restoration Costs for Data Asset Damage • Cyber Crime (incl. extortion, compromised credentials, telecommunications fraud, & limited electronic funds transfer fraud – Sub-limit \$250,000) Restoration Periods for: <ul style="list-style-type: none"> • Network Disruption (30 days) • Reputational Harm (90 days) 	Full Prior Acts Coverage For: <ul style="list-style-type: none"> • Regulatory Investigations • Multimedia Liability • Privacy Liability • Network Security Liability
Insuring Agreement C - Public Relations Coverage Applies to both 1st Party Data Compromise & 3rd Party Liability Claims Provides proactive consultations when necessary to inform public of business impersonation	

Description of Liability Coverages

- **Participant Liability** - Most General Liability policies include a Sports Participant Liability Exclusion, but in the broad form coverage with Game Day, this coverage is included. This coverage protects the insured from claims arising from "bodily injury" and "property damage" in the event that an injured athletic participant files a lawsuit. This coverage also includes "Participant to Participant" Liability (Player versus Player) which protects the participant in the event that one player is sued by another player resulting from an injury.
- **Voluntary Medical Payments** - Reimburses others (third party) for their medical expenses if they are injured as a result of your activities up to \$10,000.
- **Blanket Tenants Legal Liability** - Provides coverage for your legal responsibility for damage to premises that you rent in the course of your activities up to \$2,000,000.
- **Non-Owned Automobile Coverage** - Indemnity to the Insured against the liability imposed by law upon the Insured for loss or damage arising from the use or operation of any automobile not owned in whole or in part by or licensed in the name of the Insured.
- **SEF – 94 – Legal Liability for Physical Damage to Non-Owned Automobiles** – provides physical damage coverage for vehicles that are rented/hired by the named insured.
- **Personal Injury** - Coverage against libel, slander.
- **Advertisers Liability** - Will protect the insured in the course of advertising your goods, products or services.
- **Incidental Medical Malpractice** - Protection for rendering first aid to an injured person by a non-medical professional in the course of your activities.
- **Cross Liability Clause** - This clause allows for additional insured's to sue, if necessary within the policy.
- **Employers Liability** - To protect the insured against the possibility of an employee suing for injury suffered in the course of their employment.
- **Premises, Property and Operations** - This provides coverage for the insured that is responsible in the scope of their operations against Bodily Injury and Property Damage claims for damages resulting from your negligence associated with owning or renting property and the day-to-day operations of your activities sanctioned by the OBA. Premises coverage does not extend to the operation of any indoor training facilities or clubhouses. Separate premises liability coverage would need to be purchased.
- **Products and Completed Operations** - This is simply a broader form of liability coverage normally associated with manufacturers and business.
- **Blanket Contractual** - This provides coverage for the insured when he/she signs a contract, which stipulates the legal responsibility of the insured.
- **Occurrence Basis Property Damage** - Again, this is just a broader type of coverage. Occurrence happens over a period of time, whereas, an accident wording is sudden and accidental.
- **Errors & Omissions/Directors & Officers (Wrongful Acts)** - This is an Errors & Omissions coverage which protects all registered members including Executives, Managers, Coaches, Directors, Officers, Officials, Employees, and Participants & Volunteers for compensatory damages as a result of their wrongful acts. The coverage responds to "civil proceedings" (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage is automatically included for each member club. Errors & Omission does not cover against employment related issues.

Sport Accident Coverage

Who is insured?

All registered players, managers, coaches, trainers and members of officiating crews of the OBA.
What are we covered for?

The Accident Policy provides coverage for accidental bodily injury or death sustained by an Insured due to external violent, sudden, fortuitous causes beyond the Insured's control, occurring in Canada while this insurance is in force. The Accident Policy pays for medical bills on behalf of injured participants. This policy assures that your participants and volunteers will receive the type of medical treatment that they deserve. Also, the threat of a lawsuit is minimized as the injured participants medical bills are taken care of by the Accident Policy. This coverage is secondary to any other health care plan(s). Expenses eligible under any other health care plan(s) must be submitted to that plan(s). Your Sport Accident Policy will pay only the amount of expenses that are not eligible with any other insurer. Only claims up to the maximum benefits of the policy will be considered for payment. Explanation of benefits from other insurer, must accompany eligible expenses when submitting. You must have required and received medical /dental treatment commencing within 30 days of the accident. Insurance provider must receive notice of your accident within 30 days of the accident date and claim documentation within 90 days from the date of accident.

The Accident Policy provides benefits as per the Benefit Schedule, while an insured member is;

- a) participating as a player member, manager or coach of the Named Insured in practice or competition which is organized under the supervision and direction of the Named Insured; or
- b) being transported with other player members of the Named Insured as a group to or from the place of such practice or game; all under the supervision and direction of the Named Insured.

BENEFITS

I. SCHEDULE OF SPECIFIC LOSS INDEMNITY
PRINCIPAL SUM - \$50,000

When injury shall result in any of the following losses, the Insurer will pay for:	
Loss of Life	The Principal Sum
Loss of Both Hands	The Principal Sum
Loss of Both Feet	The Principal Sum
Loss of Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Sight of One Eye	The Principal Sum
Loss of One Foot and Sight of One Eye	The Principal Sum
Loss of One Arm	Three-Fourths of the Principal Sum
Loss of One Leg	Three-Fourths of the Principal Sum
Loss of One Hand	Two-Thirds of the Principal Sum
Loss of One Foot	Two-Thirds of the Principal Sum
Loss of the Entire Sight of One Eye	Two-Thirds of the Principal Sum
Loss of Thumb and Index Finger	One-Third of the Principal Sum
Loss of One Thumb or One Finger	One-Thirtieth of the Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Loss of Speech	One-Half of the Principal Sum
Loss of Hearing in Both Ears	One-Half of the Principal Sum
Loss of Hearing in One Ear	One-Sixth of the Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	The Principal Sum
Paraplegia (total paralysis of both lower limbs)	Three-Fourths of the Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	One-Half of the Principal Sum

II SCHEDULE OF SPECIFIC FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY
FRACTURE INDEMNITY SUM - \$1,000

When injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the accident;	
A) The Insurer will pay for the complete fracture (including Greenstick, Buckle, or Torus type fracture):	
Of the skull (depressed)	100% of the Fracture Indemnity Sum
Of the skull (not depressed)	33% of the Fracture Indemnity Sum
Of the spine (one or more vertebrae)	50% of the Fracture Indemnity Sum
Of the jawbone (mandible or maxilla)	33% of the Fracture Indemnity Sum
Of the thigh (femur)	33% of the Fracture Indemnity Sum
Of the pelvis	33% of the Fracture Indemnity Sum
Of the knee cap	27% of the Fracture Indemnity Sum
Of the lower leg	25% of the Fracture Indemnity Sum
Of the shoulder blade	25% of the Fracture Indemnity Sum
Of the ankle (small bones)	25% of the Fracture Indemnity Sum
Of the wrist (small bones)	25% of the Fracture Indemnity Sum
Of the forearm (compound or comminuted)	23% of the Fracture Indemnity Sum
Of the forearm (not compound or comminuted)	12% of the Fracture Indemnity Sum
Of the sacrum or coccyx	17% of the Fracture Indemnity Sum
Of the sternum	17% of the Fracture Indemnity Sum
Of the arm, between elbow and shoulder	17% of the Fracture Indemnity Sum
Of the collarbone	12% of the Fracture Indemnity Sum
Of the nose	12% of the Fracture Indemnity Sum
Of two or more ribs	10% of the Fracture Indemnity Sum
Of one hand (one or more metacarpals)	8% of the Fracture Indemnity Sum
Of one foot (one or more metacarpals)	8% of the Fracture Indemnity Sum
Of the facial bones	8% of the Fracture Indemnity Sum
Of one rib	5% of the Fracture Indemnity Sum
Of any bone not specified above	3% of the Fracture Indemnity Sum
The Insurer will pay for the complete dislocation:	
Of the hip	42% of the Fracture Indemnity Sum
Of the knee (with open primary repair)	33% of the Fracture Indemnity Sum
Of the shoulder (with open reduction)	25% of the Fracture Indemnity Sum
Of the wrist	17% of the Fracture Indemnity Sum
Of the ankle	17% of the Fracture Indemnity Sum
Of the elbow	12% of the Fracture Indemnity Sum
Of the bones of the foot, other than toes	8% of the Fracture Indemnity Sum
B. The Insurer will pay for the severance of tendon or tendons:	
Heel (Achilles)	22% of the Fracture Indemnity Sum
Ankle	20% of the Fracture Indemnity Sum
Foot (not toes)	17% of the Fracture Indemnity Sum
Elbow	17% of the Fracture Indemnity Sum

Wrist	12% of the Fracture Indemnity Sum
Hand (including fingers)	12% of the Fracture Indemnity Sum
C. The Insurer will pay in the event of:	
Rupture of kidney (operative)	27% of the Fracture Indemnity Sum
Rupture of liver	27% of the Fracture Indemnity Sum
Rupture of spleen	27% of the Fracture Indemnity Sum
Puncture of lung – with open surgery	23% of the Fracture Indemnity Sum
Burns – requiring one or more skin grafts	22% of the Fracture Indemnity Sum
Knee – injured and requiring surgery (when there is no fracture or dislocation)	22% of the Fracture Indemnity Sum
Bone operation – injured portion removed	20% of the Fracture Indemnity Sum

III SUPPLEMENTARY BENEFITS

If the injury shall result in a payment being made by the Insurer under the SCHEDULE OF SPECIFIC LOSS INDEMNITY or the SCHEDULE OF SPECIFIC FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY, the Insurer will pay in addition:

A DENTAL ACCIDENT REIMBURSEMENT

The reasonable expenses incurred within 52 weeks of a covered accident to treat, repair or rebuild teeth damaged in the covered accident, excluding any expenses any treatment, repair or rebuild provided solely for cosmetic or aesthetic reasons. Such expenses will be subject to limit shown on the Declarations.

B. DENTURES, REMOVEABLE TEETH, HEARING AIDS, EYEGASS AND CONTACT LENSES

The reasonable expenses incurred within 60 days of a covered accident to replace dentures, removable teeth, hearing aids, eyeglasses or contact lenses damaged as a result of a covered accident, subject to the limit shown on Declarations.

C. EMERGENCY TRANSPORTATION

The reasonable expenses incurred for transportation, other than by a licensed ambulance service, of the Insured Person to a doctor's office or the nearest hospital, subject to the limit shown on the Declarations.

D. FAMILY TRANSPORTATION

The reasonable expenses incurred by the immediate family for transportation by the most direct route by a licensed common carrier to attend to the Insured Person within 365 days of the date of the accident where the attending physician recommends the personal attendance by a member of the immediate family. Such expenses will be subject to the limit shown on the Declarations. A member of the immediate family will mean the spouse, parents, grandparents, children age 18 or over, brothers, sisters of the Insured Person.

E. MEDICAL EXPENSE REIMBURSEMENT

The reasonable medical expenses incurred by an Insured Person as a result of a covered accident within 52 weeks of the date of the accident for:

- (i) Licensed physiotherapist, chiropractor, osteopath, registered nurse services, or other similar services approved by the Insurer in writing, and not covered under any federal, provincial government or private health care plan.
- (ii) Licensed ambulance services
- (iii) Crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair, hospital bed, lifts or other medical devices recommended by the attending physician, excluding splints, orthotic devices and medial braces required primarily for sports activities.
- (iv) Prescription drugs not covered by any federal, provincial government or private health care plan.
- (v) Hospital services not covered by any federal, provincial government or private health care plan.
- (vi) Medical services incurred outside the province of residence for injuries sustained in a covered accident that occurs outside the province where the Insured Person is normally domiciled, but in no event for any expenses incurred outside of Canada. The maximum amount payable under this section is subject to the limit shown on the Declarations.

F. PROSTHETIC APPLIANCES

The reasonable expense actually incurred up to the limit shown on the Declarations for a hearing aid, artificial limb or eye or any other prosthetic appliance prescribed by a legally qualified physician or surgeon and required as a result of such injury within one year of the date of the accident.

G. REHABILITATION

The reasonable and necessary expenses actually incurred up to the limit shown on the Declarations for special training of the Insured Person provided

- (i) such training is required because of such injury and in order for the Insured Person to be qualified to engage in an occupation in which he would not have been engaged except for such injury;
- (ii) expenses are incurred within two years from the date of the accident;
- (iii) no payment will be made for room or board or other ordinary living, travelling or clothing expenses.

H. REPATRIATION

The expenses incurred for preparing the deceased for burial and shipment of the body to the residence of the deceased where the injuries covered by this policy result in loss of life of an Insured Person beyond 200 kilometres from their permanent city of residence, and within 365 days from the date of the accident, subject to the limit shown on the Declarations.

I. TUITION BENEFIT

The expenses incurred within six (6) months of the date of accident for tutorial services of a qualified teacher certified by the Provincial Ministry of Education at a rate not to exceed \$25.00 per hour, as well as reasonable expenses for the rental of necessary equipment and program software are required and approved by the Board of Education in the jurisdiction in which the Insured Person is enrolled in studies. All benefits under this section are subject to an aggregate limit as shown on the Declarations.

IV WEEKLY INCOME - TOTAL DISABILITY – ACCIDENT

The Insurer hereby agrees to pay the benefit hereinafter described for loss resulting directly and independently of all other causes from bodily injuries sustained by an Insured Person in a covered accident, while this Policy is in force (hereinafter referred to as "such injuries") as follows:

- a) If "such injuries" shall within sixty days from date of accident totally and continuously disable the Insured Person and prevent the Insured Person from performing any and every duty pertaining to the Insured Person's occupation or employment with the Insured the Insurer will pay from the first day of disability following the Waiting Period of 30 days for the period of such continuous total disability but not exceeding 104 (one hundred and four) weeks, Weekly Income at the rate specified in the Declarations.

For any period of total disability involving part of a week the Insurer will pay one seventh of the Weekly Income benefit specified in the Schedule for each day of such part of a week.

SPECIAL EXCLUSION: No benefit shall be payable under this Section IV unless the Insured Person shall be attended by a legally qualified physician or surgeon.

Important Details You Should Know About Your Sport Accident Policy

The Sport Accident Policy is an Excess Policy, which means, it is secondary to any other government or private health care plan(s).

The Sport Accident Policy provides coverage for Sanctioned OBA Activities including training, competitions & meets. This plan covers "Registered Members" including participants, managers, coaches, officials, umpires and trainers.

Expenses eligible under any other healthcare plan(s) must be submitted to that plan(s). Your Sport Accident Policy will pay only the amount of expenses that are not eligible with any other insurer. Only claims up to the maximum benefits of the policy will be considered for payment. Explanation of benefits from other insurer, must accompany eligible expenses when submitting.

Pearson Dunn Insurance must receive notice of your accident within **30** days of the accident date and claim documentation within **90** days from the date of accident.

All claims must be submitted by completing our Sport Accident Claim Form along with itemized statement and paid receipts. The Physician Statement needs to be completed confirming diagnosis &/or recommended treatments, if you are claiming other than dental or ambulance expenses.

Sport Accident Claim Forms must be completed in full and copies of receipts/invoices for medical/dental expenses must be submitted as well. All claim documentation will then be forwarded on to the insurer. Additional invoices/receipts can then be forwarded on as treatment is incurred.

The insurer will pay with respect to each insured that sustains bodily injury as a result of an accident, all reasonable medical expenses resulting and incurred within 52 Weeks from the date of accident. You must have required and received medical /dental treatment commencing within 30 days of the accident.

Services provided by a licensed physiotherapist, chiropractor, osteopath, registered nurse services or other similar services approved by the Insurer in writing and not covered under any federal, provincial government or private health care plan are covered under the Blanket Accident Reimbursement Coverage. Please refer to the actual terms and conditions of the applicable policy forms.

Physician's referral is required if you are intending to claim for the above expenses. A Sport Accident Claim Form must be completed along with Attending Physician Statement, invoices/receipts for treatment incurred. Please note, if paid by other health care provider, Proof of Exhausting Benefits must be provided.

Medical Braces prescribed by a physician, are covered under the Blanket Accident Reimbursement Coverage. Please refer to the actual terms and conditions of the applicable policy forms. Medical Braces required primarily for Sporting Activities are **Not** covered.

Claim forms can be submitted to our office electronically or by fax. If you are submitting the forms by mail, please forward **copies only** and retain originals for your files.

Pearson Dunn Insurance Inc.

435 McNeilly Road, Suite 103
Stoney Creek, ON L8E 5E3
Attention: Sports Administrator
Phone 1-800-461-5087 Fax 905-643-8321
Email: sportsadministrator@pearsondunn.com

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In evaluating your exposure to loss on your insurance policies, we have been dependent upon certain information that was provided by you. If there are other areas that need to be evaluated prior to binding coverage, please bring these areas to our attention. Higher limits for the program's policies may be available; if you wish to pursue this option please advise our office as soon as practicable so that we may solicit market quotations on your behalf. Please refer to the actual policies for specific terms, conditions, limitations, and exclusions that may impact the scope of your insurance coverage.