

USA Rugby

Sport Underwriters Presents North American Rugby Program - Accident/Medical

Who Is Covered

This program provides protection for **all USA Rugby Participants** purchasing coverage.

Coverage Includes Suits Arising Out Of:

- Injury or death of participants

Participant Accident Protection Program

Provided by: National Union Fire Ins Co Pittsburgh, PA (Admitted A.M Best Rated "A")

- 52 Week Benefit Period
- Excess Coverage
- Dental Benefit Included at a \$250 Limit per Tooth Maximum

Policy Term – October 1st, 2010 to September 30th, 2011

Quotations Will Expire in 30 Days.

ACCIDENT MEDICAL PREMIUM is 100% / Fully Earned at Inception. Minimum Premiums will apply to ALL Policies.

Please Note: The indicated Premium amounts includes Program Administrative Fees, TRIA and Broker Fees. All cases are subject to the acceptance of the risk and are also subject to our review of prior claims experience.

Inclusions/Program Highlights:

Coverage included for medical claims by USA Rugby Association athletic participants.

All active enrolled youth under the age of 18 and Adults over the age of 19 involved in USA Rugby games, activities, and clinics sponsored and are members of the Policyholder for whose names are on file with the Policyholder and for whom premium has been paid.

Exclusions

This policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. The Insured's commission of or attempt to commit a felony
4. Declared or undeclared war, or any act of declared or undeclared war.
5. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the insured is not covered due to his or her active duty status will be refund.) (Loss caused while on short-term National Guard or reserve duty for regularly schedule training purposes is not excluded.)
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the insured is:
 - a. Riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. Any condition for which the insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. The Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician

Thank you very much, and please feel free to contact our agency with any questions.

Kevin Sullivan ,

BMK, Inc. dba RuckingInsurance.com 1039 Scott St. Suite B San Francisco, CA 94115 / CA Lic OE92750

Tel: 1-800-605-5024

Email – bmk@ruckinginsurance.com

USA Rugby

North American Rugby Program by Sport Underwriters

\$100,000 Accident/Medical Coverage – Youth (12 & Younger)

AD&D Maximum Benefit:	\$10,000
AME Maximum Benefit:	\$100,000
Deductible:	\$250
Rate per person:	\$11.00

\$100,000 Accident/Medical Coverage – Youth (13-18)

AD&D Maximum Benefit:	\$10,000
AME Maximum Benefit:	\$100,000
Deductible:	\$250
Rate per person:	\$26.00

\$100,000 Accident/Medical Coverage – Adults (19 & Older)

AD&D Maximum Benefit:	\$10,000
AME Maximum Benefit:	\$100,000
Deductible:	\$250
Rate per person:	\$79.00

All cases are subject to the acceptance of the risk. Cases producing over \$15,000 of premium are also subject to our review of prior claims experience.

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A DIVISION OF SPORT AND SPECIAL EVENT INSURANCE AGENCY USA

USA Rugby

North American Rugby Program by Sport Underwriters

Confirmation Letter / Binder Agreement

Please print clearly.

Team Name: _____ League Name: _____ USA Rugby Number: _____

Participant Name: _____ Age: _____

Full Address: _____
Mailing Address City State Zip

Phone: _____ Email: _____

This correspondence comes to you as a confirmation of insurance coverage for your organization.

Starting Date: October 1st, 2010 Ending Date: September 30, 2011

Premium Charge and Policy Requirements: Please initial all areas.

Premium Cost*: _____ **\$79.00** Adult Rate *(100% / fully earned at inception):
Premium Cost*: _____ **\$26.00** Youth Rate 13-18 years old *(100% / fully earned at inception):
Premium Cost*: _____ **\$11.00** Youth Rate 12 & younger *(100% / fully earned at inception):

Please initial one.

AD&D Maximum Benefit: \$10,000
AME Maximum Benefit: \$100,000
Deductible: \$250
Rate per person: \$79.00 Adult \$26.00 Youth 13-18 years old or \$11.00 Youth 12 & younger

Initial _____

Payment Terms:

Policy will become effective upon receipt of premium or the requested effective date, whichever is later, along with the signed operations endorsement and waiver.

Initial _____

Policy Term:

I understand that this pricing is connected to a master policy and the policy period is from October 1st, 2010 to September 30th, 2011. Price will not change or be pro-rated if policy is purchased at any other time during this policy period, i.e. January 25th, 2011 to September 30th, 2011 price per participant is \$79.00 Adult \$26.00 Youth 13-18 years old or \$11.00 Youth 12 & younger

Initial _____

Fees and Cancellation:

This policy is 100% / fully earned at inception. Once your payment and signatures are made there are no refunds. If a cancellation is reported to Sport Underwriters **after** scheduled start date, insured is still responsible for entire premium charges

Initial _____

S/ _____
Signature of Adult Participant Name of Adult Participant (Please Print) Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, to participate and his/her involvement in these programs.

S/ _____
Signature of Parent or adult legal Guardian if Participant is a Minor Name of Parent or adult legal Guardian (Please Print)

Name of Minor (Please Print) Date
Agency Name and Address: Kevin Sullivan / 1-800-605-5024 / bmkruckinginsurance.com
BMK, Inc. dba RuckingInsurance.com 1039 Scott St. Suite B San Francisco, CA 94115

CA Lic 0E92750 /
Agency License Numbers Broker Signature Date

