



## **Special Risk Accident Insurance Program Summer and Sports Camps, Enrichment Programs, Retreats, Field Trips and Others (Ages 18 & Under)**

### **ACCIDENT MEDICAL COVERAGE – US Fire Insurance Company**

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#### **What is the Medical Expense Benefit? Policy Number US949413**

If the Injured Person incurs an eligible expense as a result of an injury **during a scheduled and supervised activity**, the Company will pay those charges incurred for such expenses within **52 weeks** of the date of the accident. The claim must be submitted within **90 days** from the date of accident. Payment will be made for eligible expenses in excess of the applicable **Deductible Amount (\$0.00)**, not to exceed the Maximum Medical Benefit of **\$25,000.00**. The first such expense must be incurred within **60 days** after the date of the accident. **This plan is secondary to any other valid and collectible insurance or medical plan.**

“Eligible expense” means charges for the following necessary treatment and service, not to exceed the Usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-Rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident
- Orthopedic appliances necessary to promote healing
- Physiotherapy
- Sickness benefit of for overnight campers - \$1,000.00

#### **What is the Accidental Death & Dismemberment Benefit?**

If an Insured Person's results in any of the following losses within 365 days after the date of the accident, we will pay the sum shown opposite the loss. We will not pay more than the sum for this benefit for all losses due to the same accident.

For loss of:

- Full Principal Sum for loss of life **(\$10,000)**
- Full Principal Sum for double dismemberment **(\$10,000)**
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye **(\$5,000)**

“Member” means hand, foot or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

#### **Some of the Major Exclusions and Limitations include:**

This Plan does not cover any loss contributed to or resulting from: the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether declared or not, or participation in any riot or civil commotion; air travel or the use of any device or equipment for aerial navigation, except as a fare paying passenger on a regularly scheduled commercial airline; suicide or any attempt thereat or any intentionally self-inflicted injury. Nor does this plan cover any member of the Insured Person's family or household; dental treatment, except as a result of a covered injury, examination for prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair of any orthopedic appliance or artificial dental restoration; expenses payable under Worker's Compensation law

or similar legislation; injury sustained while riding in or on any three-wheel engine-driven or motorized vehicle.

## **General Liability Coverage- Vantapro Specialty Company**

### **Who is Covered?**

This program provides protection for your camp, coaches and staff members against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims.

### **What Coverage is Offered?**

The policy limit is **\$1,000,000** per claim with an Aggregate limit of \$2,000,000. There is no deductible amount (**\$00.00**) on this plan for property damage and bodily injury.

### **Coverage Includes Suits Arising Out Of:**

- ❖ Injury or death of participants
- ❖ Injury or death of spectators
- ❖ Injury or death of volunteers
- ❖ Property Damage liability
- ❖ Incidental medical malpractice
- ❖ All Activities necessary to conduct of camps or clinics
- ❖ Ownership use or maintenance of fields or camp areas
- ❖ General negligence claims
- ❖ Cost of investigation and defense of claims, even if groundless

### **Some of the Major Exclusions include:**

War, Terrorism, Expected or Intended Injury, Asbestos, Nuclear Energy, Total Pollution, Fungi or Bacteria, Aircraft or Oceangoing Watercraft, Inflatables, Pyrotechnics, Employment Related Practices, Communicable Disease (Hepatitis, TSE, HIV, HTLV or AIDS), Skin & Scuba Diving, Snow Skiing, Water Skiing, Whitewater Rafting, Bungee Jumping, Motorsports, Rodeo or any Equestrian Related Sports, Ballooning, Paintball, Cheer Leading Pyramids over 2 ½ person high, Mechanical Rides, Parachute Jumping, Lead Liability, Violation of Telephone Consumer Protection Act or CAN-SPAM Act.

***This description of coverage is intended to be brief and is, by necessity, incomplete. For complete coverage information or coverage clarification, please contact System Risk Management and Safety at (979) 458-6330.***

## **PREMIUM RATE SHEET -**

**POLICY PERIOD: March 01, 2021 to March 01, 2022**

### **SPORT TYPE PROGRAMS (SPORTS)** **PREMIUM RATES**

<b>Per Person Per Day</b>	<b>Day Campers</b>	<b>Overnight Campers</b>
<b>Accident Medical Coverage</b>	<b>\$0.15</b>	<b>\$0.37</b>
<b>General Liability Coverage</b>	<b>\$0.23</b>	<b>\$0.28</b>
<b>Lacrosse &amp; Judo Liability</b>	<b>\$0.57</b>	<b>\$0.57</b>
<b><u>COMBINED RATE</u> (Accident Medical and General Liability)</b>		

<b>Number of Days</b>	<b>Day Campers</b>	<b>Overnight Campers</b>
<b>1 Day Camp</b>	<b>\$0.38</b>	<b>\$0.65</b>
<b>2 Day Camp</b>	<b>\$0.76</b>	<b>\$1.30</b>
<b>3 Day Camp</b>	<b>\$1.14</b>	<b>\$1.95</b>
<b>4 Day Camp</b>	<b>\$1.52</b>	<b>\$2.60</b>
<b>5 Day Camp</b>	<b>\$1.90</b>	<b>\$3.25</b>
<b>Challenge Courses</b>	<b>\$2.43 per day</b>	<b>\$2.84 per day</b>
<b>Lacrosse &amp; Judo</b>	<b>\$0.72</b>	<b>\$0.94</b>

### **NON-SPORT TYPE PROGRAMS (NON-SPORTS)** **PREMIUM RATES**

<b>Per Person Per Day</b>	<b>Day Campers</b>	<b>Overnight Campers</b>
<b>Accident Medical Coverage</b>	<b>\$0.09</b>	<b>\$0.32</b>
<b>General Liability Coverage</b>	<b>\$0.13</b>	<b>\$0.23</b>

**COMBINED RATE (Accident Medical and General Liability)**

<b>Number of Days</b>	<b>Day Campers</b>	<b>Overnight Campers</b>
<b>1 Day Camp</b>	<b>\$0.22</b>	<b>\$0.55</b>
<b>2 Day Camp</b>	<b>\$0.44</b>	<b>\$1.10</b>
<b>3 Day Camp</b>	<b>\$0.66</b>	<b>\$1.65</b>
<b>4 Day Camp</b>	<b>\$0.88</b>	<b>\$2.20</b>
<b>5 Day Camp</b>	<b>\$1.10</b>	<b>\$2.75</b>

