

**ALLIANCE MANAGEMENT GROUP
PARTICIPANT ACCIDENT SUMMARY OF INSURANCE**

Effective 9/1/2017 – 9/1/2018



Named Insureds

All registered players, managers or coaches of Iowa Soccer Association, Kansas State Youth Soccer Association and Nebraska State Soccer Association.

Covered Activities

While participating as a member of a Policyholder athletic team in a sanctioned or approved game or practice session of the team; or while traveling directly to or from such game or practice session of a team. Those states included in this policy are Iowa, Kansas, and Nebraska

Coverage Summary

This policy provides accidental death, dismemberment and medical coverage to eligible named insureds. Medical expense coverage is excess coverage, meaning it is secondary coverage to any other health insurance. If the participant has other coverage, claims must first be filed with that insurance company.

Schedule of Benefits

Accidental Medical Expense:

Maximum Benefit:
\$100,000

Accident Medical Deductible (*Corridor):

\$1,000 for those with other insurance
\$1,500 for those without other insurance

Loss Period:

Initial treatment received within 90 days of Injury

Benefit Period:

Benefits payable within 104 weeks after the date of accident

Accidental Death & Specific Loss

Principal Sum: \$10,000

Loss Period:

Loss must occur within (1) year after the Accident

*Corridor Deductible – regardless of the benefit amounts paid by other insurance providers, the stated deductible must be paid by the insured before benefits under this program are payable.

Underwriting Company

Federal Insurance Company
Rated "A++ (Superior) XV" by A.M. Best Company

How to File a Participant Accident Claim

When an injury occurs during a covered activity, an Incident Report Form should be completed by the soccer organization and submitted to:

American Specialty
7609 W Jefferson Blvd, Suite 150
Fort Wayne, IN 46804
Phone: 800-245-2744 / Fax: 260-969-4729

Upon receipt of an incident report form completed by the appropriate representative, the injured party may contact the insurance company claims adjuster for additional assistance.

****Please keep a copy of all incident related information on file for claims handling purposes****

The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage.



Integro Entertainment & Sport

2727 Paces Ferry Road
Building Two, Suite 1500
Atlanta, Georgia 30339
678.324.3300 (Telephone)
678.324.3303 (Fax)

sport.integrogroupp.com/alliancemanagement

Atlanta • Colorado Springs • London