

**YOUTH SOCCER  
GENERAL LIABILITY BENEFITS  
Explanation of Coverage**

Term of Insurance: September 1, 2009 to September 1, 2010

**Insured Persons**

1. New Hampshire Soccer Association
2. All affiliate associations, leagues, & clubs.
3. All officers, directors, coaches, employees, official team members, referees, teams, leagues, and volunteers while acting on behalf of New Hampshire Soccer Association.

**Policy Limits**

Primary - \$1 million per occurrence; Excess - \$5 million follow form.

**Policy Type**

The policy will be issued on an "occurrence" basis for a period of one year.

**Deductible**

None.

**Coverage**

1. Primary General Liability:
  - a. Liability for bodily injury or property damage to spectators, game participants, and to members of the general public. Liability for outdoor fields owned by affiliates for its sole use while acting on behalf as a member of the state association.
  - b. Fund raising, meetings, awards banquets.
  - c. Activities necessary or incidental to the conduct of practice, exhibition, post season and scheduled games.
2. Products liability for food or drinks sold on premises.
3. Hired and non-owned auto, at a primary policy limit while being used in the business of the named insured. Excludes coverage for any driver transporting athletic participants.
4. Liability for false arrest, detention or malicious prosecution, libel, slander, defamation of character, or wrongful eviction.
5. Abuse and molestation specifically written into coverage form with limits of \$1 million each occurrence/\$2,000,000 aggregate
6. Medical Payments - \$5,000 (non-participants).
7. Host Liquor liability for banquets and meetings.

**Territory**

Worldwide for bodily injury, property damage, and personal and advertising injury while temporarily outside of the United States providing suit is made within the United States.

**Exclusions**

1. Standard commercial general liability exclusions apply.
2. Property of others in the care, custody and control of the insured; such as personal property of players, coaches, or parents.
3. Liability to pay Worker's Compensation.
4. Intentional acts.
5. Amusement devices other than inflatables and dunk tanks.

**Additional Insured**

Certificates of insurance are furnished to each association identifying them as members of the state organization. Certificates of insurance will be issued upon request adding the name of a school district, university, private land owner, municipality, or sponsor. All other requests are subject to underwriting approval.

**ACCIDENT MEDICAL EXPENSE BENEFITS &  
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS  
Explanation of Coverage**

Term of Insurance: September 1, 2009 to September 1, 2010

**Insured Persons**

All registered team members, coaches, managers, referees, officials, and volunteers of the teams, leagues or of the association.

**Covered Activities**

Insured persons are covered for injuries (or death) resulting directly and independently of all other causes from accidents occurring while participating in the following covered activities:

- Scheduled games, team practice sessions or sponsored activities provided they are under the direct supervision of a team official; or sanctioned local or national tournaments as a member of a contestant team.
- Organized, supervised group travel as authorized by the Policyholder directly to and from a covered event.

**What Is Not Covered**

The plan does not provide coverage for: (1) intentionally self-inflicted injury; (2) air travel except as a fare-paying passenger on a regularly scheduled airline on a scheduled flight; (3) injuries resulting from other than Covered Activities; (4) loss resulting from sickness or disease, except bacterial infection which occurs through an accidental wound.

**Accident Medical Expense Benefits**

For reasonable necessary medical expenses, our Youth Soccer Medical Expense Insurance pays up to \$100,000 for injuries sustained in a Covered Accident. Dental injuries are treated like any other injury. Payment will not be made for any expenses incurred after 104 weeks of the accident date. An Expense is considered incurred on the date the Medical Care is rendered. A \$250 Deductible applies to each accident. Physical Therapy/Chiropractic limit of \$50 per visit/\$2,000 maximum per injury.

"Injury" means bodily injury of an Insured Person resulting directly and independently of all other causes from an accident which occurs while he or she is participating in a Covered Activity. Sickness or disease (except pus forming infections which occur through an accidental cut or wound) of any kind will not be considered as bodily injury.

Reasonable Expenses means usual and customary charges.

**Accidental Death and Dismemberment Benefits**

The plan pays:

- \$5,000 for loss of life, or loss of two or more members, which results from injuries sustained in an accident which occurred while participating in a Covered Activity.
- \$2,500 for loss of one member (hand, foot or eye), which results from injuries sustained in an accident which occurred while participating in a Covered Activity.
- Such payment shall be in addition to any other indemnity payable to the date of loss, but only one amount, the larger amount applicable shall be payable for all such losses resulting from any one accident.
- "LOSS" shall mean, with respect to hands and feet, physical separation through or above the wrist or ankle joint; with respect to the eyes, entire and irrecoverable loss of sight.

**Excess Coverage**

Accident Medical Expense insurance is provided on an "excess" basis. This means that after the insured player or coach has been reimbursed for medical expenses by other insurance programs, and after the deductible has been satisfied, the Youth Soccer Accident Medical Expense plan will pay up to the maximum Medical Expense benefit for remaining treatment, service and supply expenses. These other programs include group, blanket or franchise health insurance coverage, group hospital or medical service plans, and prepayment coverage; any coverage under labor-management trustee plans, union welfare plans, employer organization plans, and coverage under any governmental programs, coverage required or provided by any statute, and automobile reparations insurance (no-fault) coverage.

**Claim Procedures**

For AD&D and Accident Medical Expense Claims, claim forms are available through your State Association, League or Club Offices. Detailed Accident Medical Expense claim instructions can be found on each claim form. In the event of injury requiring medical treatment, you should:

- Fully complete a claim form verified by a witness and submit it to your State Soccer Association for verification.
- Notice of claims must be filed within 30 days from the date of injury.

Youth Soccer Accident Medical coverage is provided on an "excess" basis. Therefore, charges must first be submitted to any other medical insurance carrier available to the participant.

THIS OUTLINE IS ONLY FOR GENERAL INFORMATION AND NONE OF THE ABOVE SHALL AMEND OR ALTER THE INSURANCE CONTRACTS.  
THE WORDING OF THE POLICIES CONSTITUTES THE ONLY AGREEMENT BETWEEN THE INSURED AND THE INSURANCE COMPANY. CONSULT YOUR POLICIES FOR COVERAGE EXCLUSIONS.