

**City of Hamilton User Groups
Liability Insurance Coverage Outline**

| | |
|-------------------------|--|
| Insured: | Activity: |
| Effective Dates: | Premium Charged (incl. 8% tax): |

**Facility User Group Program
City of Hamilton Department of Culture & Recreation**

Who is Eligible?
Any group using the **City of Hamilton Department of Culture & Recreation Facilities**. The Insurance Company must approve activities. **Some restrictions may apply.**

LIABILITY INSURANCE

Why Liability Insurance?
Because of your operations, or actions, you are open for possible suit from Third Parties. You may not be liable, but you will need to be defended in court. A liability policy pays for this defence as well as any costs found against you. Legal fees can be very expensive and this can be an affordable way to have them covered. This Policy covers your legal liability for bodily injury to or damage to property of others such as spectators, passers-by, property owners and others resulting from your activity.

In addition, your legal liability for injury to participants is covered in most cases (a few sports disciplines may not be eligible).

WHO IS COVERED?

All members collectively including Participants, Executives, Managers, Coaches, Trainers, Officials and Volunteers while acting within the scope of their duties on your behalf.

ELIGIBILITY

The program is designed principally for sport and recreation groups at local levels who **do not** belong to a Provincial/National Association.

COMMERCIAL GENERAL LIABILITY

This Policy covers your legal liability for bodily injury to or damage to property of others such as spectators, passers-by, property owners and others resulting from your activity. In addition, your legal liability for injury to participants is covered. (A few sports disciplines may not be eligible see exclusions).

****Host Liquor Liability Coverage Included when Liquor Liability Premium has been paid*.***

***PLEASE NOTE – USER GROUPS ARE COVERED ONLY WHILE USING THE FACILITIES OF THE CITY OF HAMILTON DEPARTMENT OF CULTURE & RECREATION.**



Sport Liability Policy #AS1008

\$5,000,000 per occurrence - All Claims Subject to a \$500 deductible

- **Premises Property and Operations** - This provides coverage for the insured who is responsible in the scope of their operations for premises and property to which they have control over. It also includes coverage for their own operations (activities).
- **Blanket Tenants Legal Liability \$250,000** - Provides coverage for your legal responsibility for damage to premises that you rent in the course of your activities up to \$250,000.
- **Occurrence Basis Property Damage** - This is just a broader type of coverage. Occurrence happens over a period of time, whereas, an accident wording is sudden and accidental.
- **Liability for injury to participants** In many standard liability insurance policies participants are excluded, but in the broad form coverage with ALL SPORT, this coverage is included.
- **Voluntary Medical Payments** - Reimburses others (**third party**) for their medical expenses if they are injured as a result of your activities up to \$1,000.
- **Personal Injury** - Coverage against Libel, Slander.
- **Cross Liability Clause** - This clause allows for additional insureds to sue, if necessary within the policy.
- **Host Liquor Liability** -It provides protection for businesses against bodily injury or property damage suits brought by parties injured as a result of an intoxicated guest who was served alcohol at an event you hosted. This coverage pays for damages for liability imposed upon you or your business by law. It also pays the cost of defending you when a claim is made against you.
**Host Liquor Liability Coverage Included when Liquor Liability Premium has been paid*.*
- **Sub-Limit of \$1,000,000 for Injury to Participants with respect to Non-Contact Adult Hockey**

EXCLUDED ACTIVITIES

- Minor Hockey (18 & under)
- Contact Hockey
- Alpine Skiing
- Snowboarding
- Boxing
- Kick-boxing
- Rugby
- Skateboarding/Skateboard Parks
- Tackle Football
- Horse-related activities
- Fireworks (unless under the direction of a park supervisor)
- Cycling
- Contact Lacrosse
- Gymnastics
- Climbing Walls
- Contact Martial Arts

SPORT ACCIDENT COVERAGE
PLEASE NOTE, THIS COVERAGE IS ONLY AVAILABLE FOR THOSE WHO QUALIFY UNDER THE ALL SEASON SPORTING ACTIVITIES CATEGORY AND HAVE PAID THE APPLICABLE PREMIUM

Sport Accident Policy #ACC4025

Coverage **ONLY** available for those who qualify under the **All Season Sporting Activities Category** and have paid the participant rate applicable. Coverage **NOT** available for Martial Arts or Hockey Activities. Coverage is subject to the limitations and exclusions as outlined in the policy documents.

For each separate accident the Plan pays:

- **Dental** - \$1,000 maximum For dental treatment resulting from injury to sound natural teeth and completed within 52 weeks of the accident.
- **Accident Reimbursement** - Up To \$10,000
For costs not insured by Provincial Medical Plan, including crutches, splints, medical braces, emergency ambulance, excess physiotherapy, prescription drugs for the injury, etc., incurred within 52 weeks of the accident.
- **Principal Sum Benefits** - Up To \$20,000
In the event of Loss of Use of Hands, Arms, or Legs: Quadriplegia, Paraplegia, Hemiplegia; Loss of Speech and Hearing or Dismemberment occurring within 52 weeks of the accident (benefit as scheduled).
- **Accidental Death** - \$10,000
In the event of accidental death occurring within 52 weeks of the accident:
- **Fracture Indemnity Benefit**
Up to \$500 paid for fracture of bone or bones (including chip and linear fractures).
- **Rehabilitation Indemnity Benefit**
Up to \$3,000 for special occupational training required due to an accident.
- **Tuition Fees Reimbursement**
Up to \$2,000 for tutorial services made necessary by post-accident confinement.
- **Emergency Transportation Benefit**
Up to \$50 for transportation from arena or field to nearest hospital or doctor's office.
- **Eyeglasses and Contact Lenses Expense**
Up to \$100 for repair or replacement of eyeglasses or contact lenses when damage results from an accident which required the Insured Person to receive treatment by a physician or dentist.

Limitations and Exclusions

No Benefit shall be payable for any loss resulting directly or indirectly, wholly or partially from any of the following causes:

- Purchase, repair, or replacement of eyeglasses, contact lenses or prescriptions thereof (except as Otherwise provided);
- Sickness or disease either as a cause or effect;
- Any intentionally self-inflicted injury;
- Any of the hazards of aviation except while riding as a fare-paying passenger in a Licensed Aircraft operating on a regular scheduled service between airports;
- Declared or undeclared war, invasion or civil war, or any act thereof;
- Service in the armed forces of any country;
- Any benefits that are available under any Government Health Insurance Plan, whether enrolled in such a plan or not;
- Dental and/or other expense benefits shall be for the excess of expenses payable under any other benefit plan or policy;
- An insured person who is not a resident of any Canadian province that has enacted Medical Care Legislation unless stated specifically in this policy.

This insurance is subject to and shall not contravene any Federal or Provincial statutory requirements with respect to hospital or medical plans, nor shall it duplicate any benefits, which are provided under any Federal or Provincial Hospital or Medical Plans, or any other policy providing a reimbursement indemnity.



IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR ACCIDENT POLICY

- 1) **No coverage for loss of wages**
- 2) **This plan is secondary to any existing medical plan**
- 3) **No payment for any benefits that are available under any**
- 4) **Government health plans, whether the insured is enrolled in such a plan or not.**
- 5) **No coverage for Over Use Injuries**

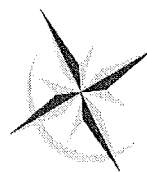
Obtain claim form immediately from your local representative. Please read claim instructions carefully

The description of coverage contained herein is not complete, and reference must be made to the actual terms and conditions of the applicable policy forms

Underwritten by AVIVA Insurance Company of Canada

Important Details You Should Know About Your Sport Accident Coverage

- The Sport Accident Policy is an Excess Policy, which means, it is secondary to any other health care plan(s).
- The Sport Accident Policy provides coverage for Sanctioned or Authorized Activities. This plan covers 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. (Originals are required if there is no other coverage available). 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 original receipts/invoices for medical/dental expenses must be submitted as well. All claim documentation will then be forwarded on to the adjusting firm, Crawford Adjusters, for review & settlement. 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 legally qualified physiotherapist, athletic therapist, chiropractor cover osteopath covered under the Blanket Accident Reimbursement Coverage. Physician's referral is required if you are intending to claim for the above expenses. 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 is provided.
- Medical Braces prescribed by a physician, are covered under the Blanket Accident Reimbursement Coverage. Medical Braces required primarily for Sporting Activities are Not covered.







ALLSPORT

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Phone (905) 575-1122
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Toll Free 1-800-461-5087

ATHLETIC ACCIDENT CLAIM FORM

SECTION I (please print)

| | | |
|----------------------------|--------------------|-------------|
| Last Name of Claimant | First Name | Birth Date |
| Mailing Address | | |
| City | Province | Postal Code |
| If a Minor, Name of Parent | | |
| Home Phone () | Business Phone () | |

SECTION II

Date of Accident _____, 20____ hour _____ a.m./p.m.

Location of Accident _____

What is the Injury? _____

Date of First Treatment _____

Name of Hospital taken to _____

Date of Admittance _____, 20____ hour _____ a.m./p.m.

Date of Discharge _____ Attending Physician or Dentist _____

SECTION III Describe fully how the accident happened.

SECTION IV (your sports accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)

Name of Employer _____

What medical coverage do you have through your/spouse/parent employment? _____

| | |
|------------------------------|------------------------|
| Name of the Insured Employer | Name of Insurer |
| Address of Employer | Address |
| City Prov. Postal Code | Policy No. Certificate |

SECTION V

I hereby certify that all the information provided above is correct.

Claimant's / Guardian Signature _____ Date _____

CERTIFICATION OF ASSOCIATION OR CLUB EXECUTIVE

Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team _____ League or Association _____

Group Policy No. ACC 4025 Type of Sport _____

Was the above player a registered member at the time of injury? Yes/No _____

Was the player injured while taking part in an authorized activity? Yes/No _____

Name _____ Position with Club _____

Telephone No. _____ Signature _____

Send complete form along with any invoices for expenses you had to pay yourself to Pearson-Dunn Insurance & Financial Services Inc., 260 Nebo Road, Hamilton, ON L8W 3K5. Phone (905) 575-1122 Fax (905) 575-4250 Toll Free 1-800-461-5087. Please do not hesitate to call All Sport if you have any questions regarding this form. Instructions are on the reverse side. If you do not have costs at this time, please forward the form only and confirm that you intend to make a claim.

INSTRUCTIONS

You must provide all information requested; incomplete claim forms cannot be processed.

IMPORTANT POINTS TO REMEMBER WHEN COMPLETING YOUR CLAIM:

1. Your Insurer must receive notice of your accident within 30 days of the accident date, and receive claim documentation within 90 days.
2. ALL claims must be submitted with itemized statements and paid receipts (originals are required if there is no other coverage available), which indicate:
 - patient's name
 - type of purchase or service
 - date of each purchase or service
 - amount charged for each purchase or service
3. A physician statement confirming diagnosis and recommended treatments is required if you are claiming other than dental or ambulance expense.
4. Only claims in excess of the deductible, specified in your plan details, will be considered for payment up to your maximum benefits.
5. Expenses eligible under any other health care plan(s) must be submitted to that plan(s). Your sports accident policy will pay only the amount of expenses that are not eligible with any other insurer.

• IF YOU ARE CLAIMING ANY OF THE BENEFITS LISTED BELOW, YOU MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR CLAIM:

(Please check your plan details for the conditions under which these benefits are eligible. You must have required and received medical/dental treatment commencing within 30 days of the accident date.)

• FOR BENEFITS NOT LISTED BELOW, PLEASE CONTACT THE INSURER FOR CLAIMS PROCEDURE

A. PRESCRIBED DRUGS

- name of medication or drug
- date of purchase
- amount charged

B. SERVICES OF PHYSIOTHERAPIST, CHIROPRACTOR, OSTEOPATH

- physician referral
- type of service
- date of each treatment
- amount charged for each treatment
- dates of treatments paid by Provincial Medical Plan;
- if private fees apply, confirming coverage has been exhausted

C. HOSPITAL ROOM ACCOMMODATION

- not an eligible expense

D. AMBULANCE (Emergency to Hospital only)

- date of service
- places ambulance taken from and to
- amount charged

E. VISION CARE

- if your injury received medical treatment and resulted in the loss or damage of eyewear, or the requirement of eyewear due to accident
- an explanation must be submitted with your receipt to claim the limited benefit

F. SCHEDULED FRACTURE INDEMNITY

- if your injury results in any of the fractures or dislocations listed on the policy schedule, there may be an amount payable to you; not more than one amount (the largest) is payable.
- a statement completed by the licensed physician or surgeon confirming the fracture/dislocation

G. MEDICAL BRACES

- a letter from the licensed physician or surgeon indicating the diagnosis, the specific medical necessity for prescribing the brace and the type of brace prescribed, must be submitted with your receipt
- medical braces required primarily for sporting type activities are not covered

H. DENTAL ACCIDENTS

- exact date of accident
- breakdown of services performed
- circumstances surrounding the accident
- is there other dental coverage? Enclose details
- confirmation that treatments only relate to the accident
- provide other insurer's explanation
- are further treatments estimated?

I. SERVICES AVAILABLE WITHIN THE PROVINCIAL PLAN

- your Sports Accident Policy does not make payment for any service or treatment that is available within the provincial plan, whether there is enrollment in the provincial plan or not.

YOUR SPORTS ACCIDENT POLICY MAY INCLUDE A DEDUCTIBLE AND/OR A PERCENTAGE OF REIMBURSEMENT. (Example: \$100 deductible or \$30 per treatment up to \$300 per accident.) IF IN DOUBT, CHECK YOUR PLAN DETAILS.

ATTENDING PHYSICIAN'S STATEMENT

Please complete this claim form and return it to your patient.

Patient's Name: _____ Age: _____

Address: _____

Diagnosis: Please indicate the name(s) of the bone(s) fractured or dislocated:

If hospitalized, give name of hospital: _____

Date Admitted: _____ 20__ Discharged: _____ 20__

If referred to you, give name of referring physician:

Operations (or other procedures performed):

Date: _____

Date: _____

Date: _____

Date of first consultation for above: _____ 20__

Date of first symptoms: _____ 20__ Date of Accident: _____ 20__

Has the patient ever had same or similar condition? _____

If "Yes", please state when and describe: _____

Is there any other disease or infirmity affecting the present condition?

Date: _____ 20__ Signature _____ (M.D.)

Address: _____

Certified Specialist _____

Phone: _____