2011-2012 Insurance Summary for the California Youth Soccer Association, Inc.

(subject to change - see www.cysanorth.org for the most current information)

1040 Serpentine Lane, Suite 201, Pleasanton, CA 94566 • 925-426-5437 Ext. 10 • Fax 925-426-9473
www.cysanorth.org • email: dalvarez@cysanorth.org

I. ACCIDENT INSURANCE PROGRAM GENERAL INFORMATION:

A. Who is covered? All registered members, teams, and leagues of the California Youth Soccer Association, Inc. This includes registered team members, employees, coaches, officials, managers, referees and volunteers of the teams, leagues or of the association.

B. When are they covered? The above participants are covered during sponsored and supervised activities of **CYSA**, such as games, practices, and tournaments and other sponsored activities. In addition, excess accident insurance is provided for injuries sustained while traveling as a team directly to and from a **CYSA** sanctioned activity and traveling under the direct and immediate supervision of a team official. Important note: **CYSA**'s liability policy provides Hired and Non-Owned auto liability coverage, but only for travel on official business of **CYSA**.

II. ACCIDENT POLICY BENEFITS:

A. Limits:	Accident Medical/Dental Maximum:	$300,000
	Accidental Death & Dismemberment:	$ 5,000
	Deductible per claim:	$ 250
	Physical Therapy/Chiropractic Benefit:	$2,000/$50 Maximum per visit
	Benefit period:	156 weeks from date of injury
	Full Excess Coverage*	

*This is a full excess policy. The benefits are payable in excess of any other Health Care Plan, (as defined in the policy) regardless of any coordination of Benefits provision contained in such Health Care Plan. The medical expenses must be incurred within 156 weeks (3 years) of the date of injury and be reported within 90 days to the California Youth Soccer Association, Inc. of the day of injury. A deductible of $250 will apply to each covered accident. Claims will be paid on usual and customary basis.

B. What is not covered? Notable exclusions under the accident policy are: self inflicted injuries; illness; hernia; and pre-existing conditions; charges which the covered person would not have to pay if he or she did not have insurance; travel in or upon any two or three wheeled motor vehicle, or any off-road motorized vehicle or snowmobile not requiring licensing as a motor vehicle; that part of medical expense payable by any automobile insurance policy without regard to fault; practice or play in any intercollegiate sports activity; eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore; any loss which is covered by State or Federal worker's compensation, employer's liability, or occupational disease law; dental care or treatment other than care of sound, natural teeth and gum; and intoxication.

III. HOW TO FILE AN ACCIDENT CLAIM:

In the event of an injury requiring medical treatment, you should:

A. Obtain a **CYSA** Case Report from the **CYSA** State Office or your League. You can also obtain it from our website http://www.cysanorth.org/ under Insurance, or in the back of the **CYSA** Team Manual. Have your Coach, Asst. Coach, or Team Manager complete the form, and submit it to your League for approval, prior to submitting it to the **CYSA** State Office.

B. **CYSA** will then send out a claim form (proof of loss) to the parent or guardian of the injured claimant.

C. Parent or guardian will need to complete the Claim Form and include copies of all itemized bills. The portion marked "To be completed by policyholder/administrator" must be completed by **CYSA** State Office.

D. If you have no insurance coverage, you will need to have your employer verify by letterhead that you have no coverage through them.

E. NOTE: This is an excess policy. If you are covered by any other Health Care Plan or insurance plan, you must submit your bills to your other insurance carrier first. After your other carrier has paid their share of the claim, you may then submit any remaining balances due under this plan. Be sure to send copies of all invoices and the Explanation of Benefits forms form your other Health Care Provider with this claim form.

F. Send the claim form and all relevant materials to:

California Youth Soccer Association, Inc.
ATTN: Insurance Claims
1040 Serpentine Lane, Suite 201
Pleasanton, CA 94566
(925) 426-5437 Ext. 10

CYSA will verify the information and forward the claims onto Bollinger, the plan administrator, for processing and payment.

IV. SUMMARY OF LIABILITY COVERAGES:

A. Insured: California Youth Soccer Association, Inc.
And Its Registered Member Leagues, Clubs and Teams
1040 Serpentine Lane, Suite 201
Pleasanton, CA 94566

B. Effective: September 1, 2011 to September 1, 2012

C. Liability Limits:	$2,000,000	Per Occurrence
	$6,000,000	Aggregate Per Team
	Included Above	Participants' Legal Liability
	$3,000,000	Products/Completed Operations Aggregate
	$2,000,000	Personal Injury/ Advertising Injury Limit
	$2,000,000	Sexual Abuse Liability Limit - Per Occurrence
	$3,000,000	Sexual Abuse Liability Limit Aggregate
	$2,000,000	Hired/non-owned Auto Liability (official business of Association Only)
	$6,000,000	Hired/non-owned Auto Liability Aggregate
	$ 100,000	Fire Legal Liability
	$ 5,000	Medical Expense (to non-Participants)
	$ 0	Deductible

D. For a Certificate of Liability Insurance, please fill out form 8000 (Request for Named Certificate of Liability Insurance Form). Please follow the directions on the bottom portion of the form.

V. GENERAL PROGRAM INFORMATION:

A. Plan Administrator: **Bollinger Inc.**
101 JFK Parkway
Short Hills, NJ 07078
Toll Free 1-800-350-8005 • Fax: 973-921-2876 • www.bollingersoccer.com

B. License: Bollinger's California License #: 0274666

This summary is intended as a brief description of coverage offered under this policy. For a full description of the policy coverage, conditions and exclusions, please refer to the actual policy.