

West Virginia Youth Soccer Association
2021 – 2022 Insurance Proposal
Players Health

General Liability Coverage

Policy Period: September 1, 2021 - September 1, 2022

Insurance Company: EverSports & Entertainment Insurance SM

Schedule of Named Insureds:

West Virginia Youth Soccer Association and its member associations, leagues, clubs, teams, players, coaches, referees, directors, officers, ODP administrators, officials, employees, and volunteers; however, except for the First Named Insured, none of these are Insureds for liability arising out of their participation in games, practices, activities, or operations not sanctioned or approved by the First Named Insured.

Limits of Insurance

General Aggregate per Event	\$5,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Participant Legal Liability Each Occurrence (Other than brain injury)	\$1,000,000
Participant Legal Liability Brain Injury Each Occurrence*	\$1,000,000
Participant Legal Liability Brain Injury Aggregate*	\$1,000,000
Additional Claims Expense for Brain Injury*	\$1,000,000
Damage to Premises Rented to You Limit	\$300,000
Medical Expense (Spectators Only)	Excluded
Sexual Abuse / Molestation Each Occurrence	\$1,000,000
Sexual Abuse / Molestation Aggregate	\$2,000,000
Non-Owned / Hired Auto Liability**	\$1,000,000

*Policy is \$1,000,000/\$1,000,000 for brain injury and includes additional \$1,000,000 of defense costs.

**For official business of the Named Insured only. No Coverage for any driver transporting soccer player

Coverage is provided for:

Bodily injury Personal injury

Athletic Participant liability Spectator liability

Property damage liability Volunteer liability

Activities necessary and incidental to the conduct of games or practices Sponsored functions such as meetings, banquets, and fundraisers

Contractual liability

Hired and non-owned auto liability

Athletic trainers used at tournaments (excess basis)

Office premises liability coverage automatically included for state office and your member affiliates

Volunteer (medical personnel) providing emergency medical services

Covered Activities

Sanctioned and/or approved activities of the state association, office premises, insured event set up and tear down periods, concession sales at insured events, ancillary events held in conjunction with insured events and customary ancillary activities such as occasional fundraising events, dinners, awards banquets and planning sessions.

Notable Exclusions

Employment Practices Liability, Total Pollution, Lead, Mechanical Rides, Water Slides, Rodeos, Concerts, Fireworks, Bungee Operations, Climbing Walls, Communicable Diseases

Additional Insureds

Owners and/or Lessors of Premises, Sponsors, Co-Promoters, Lessors of Leased Equipment (single value under \$30,000), Medical Trainers, and Medical Personnel. Others by request and endorsement, subject to underwriting approval.

Excess Liability Coverage

Policy Period: September 1, 2021 - September 1, 2022

Insurance Company: EverSports & Entertainment Insurance SM

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Aggregate Limit	\$5,000,000
Products/Completed Operations Aggregate	\$5,000,000
Each Occurrence	\$5,000,000
Sexual Abuse / Molestation Each Occurrence	\$1,000,000
Each Occurrence / Molestation Aggregate	\$2,000,000

Coverage Form: Following Form Excess

Notable Endorsements: Employers Liability Exclusion, Directors & Officers Exclusion, Auto Follow Form Endorsement, Liquor Liability Exclusion, Mold Exclusion, Brain Injury Exclusion, Communicable Disease Exclusion

EXCESS ACCIDENTAL MEDICAL

Policy Period: September 1, 2021 - September 1, 2022

Insurance Company: Great American Insurance Company

Schedule of Named Insureds: West Virginia Youth Soccer Association

Description		Limit (Per Claim)
Excess Accident Coverage		
Medical and Dental Max	\$500 deductible	\$100,000
Accidental Death Benefit and Dismemberment	N/A	\$5,000
Benefit Period 104 weeks	—	—
SIR Claims Deductible Aggregate	\$NIL	—

Description of Eligible Persons: Athletic participants, including volunteers and staff, performing their normal duties at a covered activity.

Covered Activities:

While participating in scheduled games, team practice sessions, or sponsored activities, provided they are under the direct supervision of a team official or at a sanctioned local or national tournament as a member of a contestant team. Includes organized and supervised group travel as authorized by the policyholder directly to and from a covered event

Accident & Health Special Risk Insurance

Powered by Great American Insurance Company

301 E 4th Street Cincinnati, OH 45202

underwriting@getpomi.com

ELIGIBILITY:

Class 1: All athletic participants, including volunteers and staff, for whom premium has been paid.

COVERED ACTIVITY:

Class 1: While participating in scheduled games, team practice sessions or sponsored activities, provided they are under the direct supervision of a team official or at a sanctioned local or national tournament as a member of a contestant team. Coverage includes organized and supervised group travel as authorized by the policyholder directly to and from a covered event

SCHEDULE OF BENEFITS (Class 1):

ACCIDENTAL DEATH:	\$5,000 Maximum Benefit per Participant, per Accident
ACCIDENTAL DISMEMBERMENT:	\$5,000 Maximum Benefit per Participant, per Accident
AGGREGATE LIMIT OF INDEMNITY:	\$100,000 Maximum Benefit per Accident Applies to Accidental Death & Accidental Dismemberment
ACCIDENT MEDICAL EXPENSE:	\$50,000 Maximum Benefit
Coinsurance:	80% of reasonable charges
Scope of Coverage	Full Excess Coverage
Per Participant Deductible:	\$500
Physical Medicine Expenses: up to 40 treatments/visits maximum per covered accident	up to \$50 per visit
Incurral Period:	60 Days
Maximum Benefit Period:	52 Weeks
Dental:	Included in Accident Medical Expense limit