

ONTARIO SOCCER ASSOCIATION



SPECIAL RISK ACCIDENT INSURANCE COVERAGE SUMMARY + DEFINITIONS

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Schedule of Benefits

Benefit Amount: \$20,000.

If accidental bodily injury causes the following losses within one year of the date of the accident which are not otherwise excluded, we will pay the following benefits:

	Percent of the Benefit Amount
Accidental Loss of:	
Life	100%
Speech and Hearing	100%
Both Hands, Both Feet, Sight of Both Eyes or a combination of any two of a Hand, a Foot, or Sight of an Eye	100%
One Arm or One Leg	75%
One Hand, One Foot, or Sight of an Eye	67%
Speech or Hearing	67%
Thumb and Index Finger of the same Hand	33%
Hearing in One Ear	25%
All Toes of One Foot	25%
Accidental Loss of Use of:	
Both Arms or Both Legs or a combination of an Arm and a Leg	100%
Both Hands or Both Feet or a combination of a Hand and a Foot	100%
One Arm or One Leg	75%
One Hand or One Foot	67%
Thumb and Index Finger of the same Hand	33%
Paralysis:	
Paraplegia	200%
Hemiplegia	200%
Quadriplegia	200%

If an Insured Person has multiple Losses as the result of one Accident, the maximum amount payable shall not exceed 100% of the Loss of Life Benefit Amount with the exception of Quadriplegia, Paraplegia and Hemiplegia. In no event will the maximum amount payable exceed 200%.

Additional Benefits

The following benefits are payable in addition to all other benefits payable under the policy.

- **Excess Accidental Medical Expense**

Benefit Amount: \$10,000

Dental limit:	\$1,500
Physical Therapy limit:	\$1,000, \$100 deductible
Orthopedic Appliance limit:	\$1,000, \$100 deductible
Ambulance limit:	\$300 Land or Air Ambulance \$50 Taxi
Special Treatment Travel limit:	\$1,000

If an accidental bodily injury results in an Insured Person requiring medical care and treatment within 90 days of the accident, the Insurer will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount. Medical expenses must be incurred within 52 weeks of the date of accident.

Medical Services means the costs for: medically necessary treatment by a physician or dentist, hospital room and board, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, treatment performed by licensed medical professional (if hospitalization would have otherwise been required), rental of durable medical equipment like wheel chairs or hospital beds, prosthetic appliances, orthopedic appliances or braces.

The **Excess Accidental Medical Expense** does not apply to the following charges and services:

- 1) for which the Insured Person has no obligation to pay;
- 2) for eyeglasses, contact lenses and other vision or hearing aids;
- 3) for any injury for which Worker's Compensation benefits or occupational injury benefits are payable;
- 4) for treatment by a person employed or retained by the Policyholder;
- 5) for any injury occurring while fighting, except in self defense;
- 6) for treatment required for conditions caused by repetitive motion injuries and not as a result of an Accident, including but not limited to: Osgood-Schlatter's Disease, bursitis, chondromalacia, shin splints, and tendonitis.

- **Family Transportation**
Benefit Amount: \$5,000

If an accidental bodily injury causes the Insured to suffer a covered loss which results in confinement in a hospital more than fifty (50 km) kilometers away from the Insured's permanent residence and the attendance of an immediate family member is recommended by the attending physician, we will pay up to the specified benefit amount for transportation costs of that family member.

If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passenger for hire, then the reimbursement of transportation expenses will be limited to a maximum of twenty cents (\$0.20) per kilometers traveled.

- **Fracture Schedule**

If an Accidental bodily injury results in any of the fractures or dislocations listed below, the we shall pay the amount specified for such fractures or dislocations provided that not more than one such amount (the largest) shall be payable as the result of any one accident.

Fracture or Dislocation Benefits (including Greenstick Type Fracture)

of the Skull (depressed)	\$1,000.	Any One Insured
of the Skull (not depressed)	\$1,000.	Any One Insured
of the Spine (one or more vertebrae)	\$500.	Any One Insured
of the Lower Jaw (alveolar process accepted)	\$150.	Any One Insured
of the Upper Jaw	\$150.	Any One Insured
of the Shoulder (dislocation)	\$100.	Any One Insured
of the Clavicle (collar bone)	\$150.	Any One Insured
of the Scapula (shoulder bone)	\$150.	Any One Insured
of the Elbow	\$100.	Any One Insured
of the Hip	\$250.	Any One Insured
of the Pelvis	\$250.	Any One Insured
of the Thigh (femur)	\$250.	Any One Insured
of the Knee Cap	\$200.	Any One Insured
of the Sacrum or Coccyx	\$200.	Any One Insured
of the Sternum	\$100.	Any One Insured
of the Leg (tibia or fibula)	\$200.	Any One Insured
of the Upper Arm (humerus)	\$200.	Any One Insured
of the Forearm (radius or ulna)	\$200.	Any One Insured
of the Hand or Wrist (other than phalanges)	\$200.	Any One Insured
of the Foot (other than phalanges)	\$200.	Any One Insured
of the Ankle	\$100.	Any One Insured

- **Funeral Expense**
Benefit Amount: \$5,000

If an Insured suffers accidental loss of life we will pay up to the specified benefit amount for funeral expenses actually incurred.

- **Home/Vehicle Adaptation**
Benefit Amount: \$5,000

If an accidental bodily injury causes the Insured to suffer a loss covered under the policy, and it is determined by a physician that home/vehicle adaptation is needed to accommodate a physical disability, we will pay up to the specified benefit amount for home alterations or vehicle modifications. Home/Vehicle Adaptation also includes expenses incurred for hiring of transportation services necessary to accommodate the physical disability of the Insured.

- **Psychological Therapy**
Benefit Amount: \$5,000

If an accidental bodily injury causes the Insured to suffer a loss covered under the policy, and it is determined by a physician that psychological therapy is required, we will pay up to the specified benefit amount for reasonable and customary charges of psychological therapy.

- **Rehabilitation/Retraining**
Benefit Amount: \$5,000

If an accidental bodily injury causes the Insured to suffer a loss covered under the policy, and it is determined by a physician that rehabilitation/retraining is required, we will pay up to the specified benefit amount for reasonable and customary charges of rehabilitation/retraining.

- **Repatriation**
Benefit Amount: \$5,000

If an Insured suffers accidental loss of life more than fifty (50 km) kilometres away from the Insured's permanent residence we will pay up to the specified benefit amount for the actual expenses incurred for preparing the deceased for burial or cremation and shipment of the body to the city of residence of the deceased.

- **Tutorial Fees**
Benefit Amount: \$2,000

If an accidental bodily injury causes the Insured to suffer a loss covered under the policy, and the Insured is confined to a hospital or residence, we will pay up to the specified benefit amount for tutorial fees (maximum of \$20 per hour).

Maximum Limit of Insurance/Aggregate

A maximum limit of insurance of \$2,000,000 applies per accident.

Exclusions

There are certain situations we do not cover. These include:

- Loss occurring while the insured is in, entering or exiting any aircraft that is owned, leased or operated by his or her employer or on behalf of the employer. This exclusion does not apply to aircraft chartered with a pilot or crew on a one time charter basis.
- Loss occurring while the insured is in any aircraft while acting or training as a pilot or crew member. This does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.
- Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions. This does not apply to loss resulting from bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria.
- Loss resulting from suicide, attempted suicide or loss that is intentionally self-inflicted.
- Loss caused by or resulting from a declared or undeclared war, but war does not include acts of terrorism.
- Loss caused by or resulting from, directly or indirectly, an insured being intoxicated, at the time of an Accident. Intoxication is defined by laws of the jurisdiction where such Accident occurred.
- Loss caused by or resulting from, directly or indirectly, an insured being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.