



INSURANCE PROGRAM

Sport Liability Insurance

Why Liability Insurance?

Because no matter how careful you are, accidents happen. And you can be sued by anyone who claims injury or damages resulting from your activities. You may not be liable, but you will need to be defended in court. A liability policy will pay for this defense as well as any costs awarded against you. In short, liability insurance gives you peace of mind.

Who is Insured?

All members of your organization, including executives, managers, coaches, trainers, officials, employees and volunteers while acting within the scope of their duties on your behalf.

Activities Covered

Sanctioned or authorized events within your sport discipline, including related training authorized by you.

Commercial General Liability (CGL) Insurance - \$5,000,000 Limit

The policy will pay those sums that the insured becomes legally obligated to pay as compensatory damages because of bodily injury to or damage to property of others, such as spectators, passersby, property owners and others resulting from your operations or actions. Coverage includes your legal liability for injury to participants.

Including the following extensions:

- Premises, Property and Operations
- Products and Completed Operations
- Blanket Contractual
- Personal Injury (libel and slander)
- Employees as Additional Insured
- Cross Liability
- Non-Owned Automobile (in most cases)
- Tenants Legal Liability \$250,000

A deductible of **\$1,000** applies to bodily injury, property damage and legal expenses.

Errors and Omissions with D&O

Coverage (Occurrence, Defence) – AKA: D&O Lite

Directors and officers may be sued for actual or alleged errors or omissions while performing their duties as officials of the organization. D&O insurance will pay those sums the organization, directors and officers become legally obligated to pay as **compensatory damages ONLY** because of a wrongful act.

Limit – **\$5,000,000**

Deductible – **\$1,000**

Please note: This D&O Lite does not replace the need for a separate D&O policy.

Territory: CGL Outside of British Columbia

The CGL extends to BC Athletics members when they participate in sanctioned BC Athletics competitions, training and camps outside of British Columbia but within Canada. CGL extensions for activities outside of Canada must be approved and there may be additional premium for this exposure. Please contact BCA for more details. *It is strongly recommended you purchase emergency Travel Medical Insurance (TMI) when traveling outside of British Columbia.*

Participant Accident Insurance (PA)

***Important Reminders:** The participant accident policy is a 3rd payer participant accident policy. This means that it will only respond after the limits have been exhausted under the BC Medical Services Plan and any extended health plan (if applicable).*

Territory: PA Outside of British Columbia

The PA extends to BC Athletics members when they participate in sanctioned BC Athletics competitions, training and camps outside of British Columbia but within Canada ONLY. PA automatically extends for sanctioned activities within Canada ONLY. Coverage does NOT extend outside of Canada. It is strongly recommended for exposures outside of Canada that you purchase emergency Travel Medical Insurance (TMI).

Coverage for practices and games. One plan covers all members (youth & adult) members, volunteers, and day of event members (youth & adult), coaches, managers, and field officials throughout the entire season.

Schedule of Supplementary Benefits

The maximum We will pay for supplementary benefits per any one accident is a percentage of the applicable limit shown in the Declarations, or the amount shown in the Schedule below:

a. Accidental Medical Expense Reimbursement 100% of the Blanket Medical Expense Limit shown in the Declarations, any one Insured

i. Physiotherapist, chiropractor, osteopath \$100 per visit \$500 any one Insured

b. Accidental Dental Expense Reimbursement 100% of the Blanket Dental Accident Limit shown in the Declarations, any one Insured

c. Prosthetic Appliances \$3,000 any one Insured

d. Rehabilitation Benefit \$3,000 any one Insured

e. Tuition Benefit \$2,000 any one Insured

f. Special Treatment Travel Expense Benefit \$150 per day \$1,000 any one Insured

g. Out of Province - Excess Surgical and Medical Accident Benefits (applicable only within Canada) \$10,000 any one Insured

h. Emergency Transportation Benefit \$50 any one Insured

i. Eyeglass & Contact Lens Expense \$100 any one Insured

j. Dentures, Hearing Aids and Removable Teeth Expense \$200 any one Insured

k. Fracture or Dislocation Benefit (including Greenstick Type Fracture)

i. of the skull (depressed) \$500 any one Insured

ii. of the skull (not depressed) \$500 any one Insured

iii. of the spine (one or more vertebrae) \$250 any one Insured

iv. of the lower jaw (alveolar process accepted) \$75 any one Insured

v. of the upper jaw \$75 any one Insured

vi. of the shoulder (dislocation) \$50 any one Insured

vii. of the clavicle (collar bone) \$75 any one Insured

viii. of the scapula (shoulder bone) \$75 any one Insured

ix. of the elbow \$50 any one Insured

x. of the hip \$125 any one Insured

xi. of the pelvis \$125 any one Insured

xii. of the thigh (femur) \$125 any one Insured

xiii. of the knee cap \$100 any one Insured

xiv. of the sacrum or coccyx \$100 any one Insured

xv. of the sternum \$50 any one Insured

xvi. of the leg (tibia or fibula) \$100 any one Insured

xvii. of the upper arm (humerus) \$100 any one Insured

xviii. of the forearm (radius or ulna) \$100 any one Insured

xix. of the hand or wrist (other than phalanges) \$100 any one Insured

xx. of the foot (other than phalanges) \$100 any one Insured

xxi. of the ankle \$50 any one Insured

Explanations of Benefits (Non-Exhaustive)

Dental - Up to \$1,000

For dental treatment resulting from injury to sound natural teeth and completed within 52 weeks of the accident.

Blanket Medical Expense Reimbursement - \$10,000

The Insurer will pay with respect to each Insured who sustains bodily injury as a result of an accident, all reasonable medical expenses resulting therefrom and incurred within 52 weeks of the date of the accident for:

- the services of a legally qualified physiotherapist, chiropractor, osteopath or registered nurse;
- crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair or hospital bed; prescription drugs; casts and cast materials; licensed ambulance service;
- hospital services not covered by any federal or provincial government health insurance plan.

The maximum amount payable under this section is \$10,000.00

Splints, orthotic devices and medical braces required primarily for sports activities are not covered.

Accidental Death - \$20,000

In the event of accidental death occurring within 52 weeks of the accident:

Rehabilitation Indemnity Benefit

Up to \$3,000 for special occupational training required due to an accident.

Emergency Transportation Benefit

Up to \$50 for transportation from arena or field to nearest hospital or doctor's office.

Eyeglasses and Contact Lenses Expense

This summary is solely for reference purposes only and the description of coverages herein is not complete. Reference must be made to the actual terms and conditions of the applicable policy forms, insuring agreements, policy wordings, limits, limitations, conditions and exclusions. 2024-2025

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.

Exclusions

This Policy does not apply to or does NOT cover:

a. Alcohol or Drugs

Any **bodily injury** resulting directly or indirectly, wholly or partially, from the Insured being under the influence of alcohol or cannabis or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon and pursuant to that prescription.

b. Benefits Available Under Government Health Insurance Plan

Any benefits that are available under any government health insurance plan, whether the Insured is enrolled in such a plan or not.

c. Certain Medical Conditions

Any **bodily injury** resulting directly or indirectly, wholly or partially, from any of the following causes:

- i. Sickness, disease, incapacity or bodily infirmity either as a cause or effect;
- ii. Suicide or any attempt thereof by the Insured while sane;
- iii. Self-inflicted injury or any attempt thereof by the Insured while sane or insane;
- iv. Neuroses, psychoneuroses, psychotherapies, psychoses or mental or emotional disorders of any type;
- v. Sustained while the Insured is undergoing the medical or surgical treatment of sickness, disease or bodily or mental infirmity;
- vi. Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- vii. Infections of any kind regardless of how acquired, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- viii. Pregnancy, childbirth, miscarriage or abortion;
- ix. Hernia;

x. Pre-existing medical or mental condition. However, **bodily injury** for which the treatment has not been rendered or treatment medically recommended for the past thirty consecutive months shall not be considered a pre-existing condition unless otherwise specifically excluded.

d. Criminal Activity

Any **bodily injury** occasioned or occurring while the Insured is committing or attempting to commit a criminal act or to which a contributing cause was the Insured being engaged in an illegal occupation or activity.

e. Expenses Covered Under Other Insurance

Any portion of an expense referred to in this Endorsement which is payable under any insurance plan or law or under any plan or law that will pay the expense. With the exception of licensed ambulance services expenses, all other expenses claimed herein must be presented or deemed medically necessary by a qualified medical practitioner for the treatment or rehabilitation of the Insured.

f. Other Participant Accident Policy

In no case may an Insured be covered under more than one participant accident policy. Excess premiums paid shall be refunded upon request.

g. Personal Articles

Except as otherwise provided herein there is no benefit payable for purchase, repair or replacement of personal articles such as helmets, equipment, dentures, eyeglasses, contact lenses or prescriptions therefor.

h. Professional Athlete

Any professional athletes earning the major portion of their income from sports activity.

Participant Accident Claim Procedures

Reminder:

The participant accident policy is a 3rd payer participant accident policy. This means that it will only respond after the limits have been exhausted under the BC Medical Services Plan and any extended health plan (if applicable).

- It is the responsibility of the Insured to obtain an athletic accident claim form from the association or club executive.
- The Insured or parent/guardian shall fully complete the claim form.
- For reimbursement of dental or medical claims, the Insured shall have the attending dentist or physician complete the applicable form.
- The Insured shall submit the completed claim form to the association or club executive for their signed certification.
- Proof of claim, including a report from the attending dentist or doctor, must be submitted within 90 days of the date of the accident.

Fully completed Athletic claim forms should be sent to the BC Athletics executive director via email. Please do not send to SBC Insurance as we will NOT accept a direct submission.

Travel Medical Insurance (TMI)

As a member of BC Athletics, CGL & PA insurance does not replace the need for you to purchase Travel Medical Insurance in case you suffer a medical injury during your sanctioned activities. We strongly recommend (that you purchase Emergency Travel Medical (TMI) insurance when traveling outside of British Columbia.

You have the option to purchase travel medical insurance for your sport via the following link:
<https://partner.battleface.com/sbc-insurance/>

Questions about insurance, coverages or procedures?

Contact us

SBC Insurance Agencies Limited

Office Hours: M-F 8:30am to 4:30pm

Email: info@sbcinsurance.com

Phone: 1-877-360-6648

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