### THE TWO AREAS OF INSURANCE PROTECTION ARE LIABILITY AND ACCIDENT MEDICAL COVERAGE

As closely as safety rules are followed, accidents will happen. Accident Medical insurance helps protect club members from financial loss due to a covered accidental bodily injury. Liability insurance protects the club and its members and association officials from financial loss due to unforeseen incidents that may develop into litigation against members and dance organizations.

#### PART I -LIABILITY INSURANCE

#### A. LIMITS OF PROTECTION:

\$1,000,000 Combined Single Limit of Liability for bodily injury and property damage each occurrence (subject to a \$100 property damage deductible per claim) while participating in scheduled and sponsored dancing activities. \$100,000 limit for damage to premises rented to you.

#### **B. WHO IS COVERED:**

The club and its members while participating in club or organization sponsored and supervised dancing activities. Liability coverage applies in the U.S., its territories or possessions.

#### C. WHERE ARE CLAIMS FILED:

Notify the Affiliate Insurance Chairman regarding any third-party claims presented to the Club/Association. Chairman shall call U.S.D.A. National Insurance Coordinator with full description of incident.

#### PART II -ACCIDENT MEDICAL INSURANCE

#### A. WHAT ARE THE LIMITS:

\$10,000\*-Usual and Customary Accident Medical Expensesincluding Dental

\$10,000 – Accidental Death Benefit

- \$10,000 Accidental Dismemberment Benefit (loss of both hands,
- both feet, sight of both eyes, or any combination thereof)

\$5,000\*\*- Accidental Dismemberment Benefit (loss of one hand, one foot, sight of one eye)

Accidental Death and Dismemberment Benefits Limitations We will not pay for a Loss caused in any way by:

- 1. bodily or mental infirmity or illness;
- infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
- medical or surgical treatment; except for surgery which results from an accident;
- 4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;

- 5. war or act of war;
- 6. taking part in a riot or felony; this shall not include being a victim of a felony;
- 7. suicide; attempted suicide or intentional self-inflicted injury.

NOTE: \*Accident Medical Coverage is excess to any other valid and collectible medical insurance covering the same accident. Coverage provided for covered medical expenses incurred within 52 weeks of the accident up to \$10,000 for all eligible expenses as stated in the Policy.

\*\*if more than one of specified losses results from the same accident, only one amount, the largest, will be paid.

#### **B. WHO IS COVERED:**

Club members will be insured while participating in any regularly scheduled and sponsored dancing activity worldwide, including group travel (10 or more club members) in a vehicle commercially licensed for transportation of passengers and operated by a person holding a valid operator's license for such vehicle, while being transported to or from a covered dancing activity.

#### C. WHAT IS COVERED:

Accidental bodily injury sustained by an insured person while participating in dancing activities sponsored and supervised by a recognized club or organization.

#### D. WHAT IS NOT COVERED:

-Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;

-Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;

-Suicide, attempted suicide or intentionally self-inflicted injury, -Injury due to participation in a riot;

-Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;

-Injury or sickness resulting from declared or undeclared war; -Injury or sickness while in the armed forces of any country; -Injury or sickness covered by any workers' compensation or occupational disease law;

-Treatment provided in a governmental hospital unless the Insured is legally obligated to pay such charges;

-Infections, except pyogenic or bacterial infections caused wholly by a covered injury or sickness;

-Hernia, unless it results from a covered injury;

-The Insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; -Pre-existing Conditions:

-Claims occurring while dancing at private residences;

-Services normally provided without charge by you or your employees;

-Claims occurring while parachuting or hang-gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;

-Cosmetic surgery.

#### E. HOW TO PRESENT A CLAIM:

In the event of a covered accident, immediately notify the Club Representative or a responsible officer of the Club. A Proof of Loss form (available from the Club Representative) must be completed. The front is to be filled in and signed by the Club official and the claimant; the back is to be completed by the attending physician. Notice of injury is to be forwarded to the U.S.D.A. National Insurance Coordinator within twenty (20) days, or as soon thereafter as reasonably possible P.O. Box 417 Stephens, GA 30667

#### PART III

#### A. PERIOD OF COVERAGE:

The policy term is January 1 through December 31. Coverage becomes effective for individual clubs under the policy on the day the application and premium for insurance is received by the U.S.D.A. National Insurance Coordinator.

#### **B. COST OF PROGRAM:**

Flat rate per member per policy term or any part thereof. Liability rates would be substantially higher if the Accident Medical portion were not to be included in this program.

#### THIS IS A SUMMARY OF COVERAGE-NOT A CONTRACT

Policy Located at www.usda.org.insurance.htm

For complete provisions, policy coverages terms, conditions & exclusions, please refer to the Policy at www.usda.org/insurance.htm. If there is any conflict between the provisions of this brochure and those of the Policy, the provisions of the Policy will govern.



Square Dancers Insurance Program is endorsed by: United Square Dancers Of America

Serviced by: U.S.D.A. National Insurance Coordinator Eddie & Elizabeth Sanders P.O. Box 417 Stephens, GA 30667 (706) 759-3642 Phone Email: usda.insurance@usda.org

Administered by:

RPS BOLLINGER 200 Jefferson Park Whippany, NJ 07981

Underwritten by:

Part I & Part II Markel Insurance Company 4600 Cox Road Glen Allen, VA 23060

# United Square Dancers Of America

Commercial General Liability and Accident Medical Insurance Program

## Annual Flat Rate Fee Per Member

For Additional Information, Rates and Eligibility Contact The

**U.S.D.A.** National Insurance Coordinator

Entitles your club to participate in an insurance program designed especially for you as a member of your club or association! (requires 100% participation of a club's membership at time of application.)