

**INSURANCE PROGRAM
PREPARED FOR:**



**CANADIAN AMATEUR DIVING ASSOCIATION
PROVINCIAL ASSOCIATIONS
& MEMBER CLUBS
AS ENDORSED HERON**

SEPTEMBER 1, 2011 TO SEPTEMBER 1, 2012





Program Overview

Introduction

The Insurance Program provided by **Canadian Amateur Diving** provides **Liability & Accident Coverage** to **Registered Members & Member Clubs** participating in ****Sanctioned**** or **Authorized Amateur Diving Activities**.

****Sanctioned Events**** shall mean all games, competitions or sports demonstrations run or authorized by **Canadian Amateur Diving** including related training at sites of events, scheduled practices and banquets/award ceremonies. .

The **Commercial General Liability 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, passers-by, property owners and others resulting from your operations or actions. Coverage includes your legal liability for injury to participants. Most General Liability policies contain an exclusion, which excludes suits resulting from participants who are injured while participating in a sporting activity. The policy provided by **Pearson Dunn Insurance Inc. & GameDay Insurance Inc** includes injury to participants that result from your associations, member club, or individual member's negligence.

The Policy even includes at no additional cost, **Additional Insured's**, such as Municipalities, Government Departments, Sponsors and Owners of the Facilities in whose name you have agreed to provide insurance for their vicarious liability arising out of your operations.

The Insurance Program also provides **Directors & Officers/Errors & Omissions Liability Coverage**, which protects the association's directors & officers, executives, employees and volunteers for consequences of their actions against suits alleging "wrongful acts". This coverage is automatically included for each member club.

The Insurance Program also provides **Sport Accident Coverage** to its members who have sustained an injury while participating in sanctioned or authorized activities. This coverage is applicable in Canada. Coverage also applies to scheduled practices or training at site of competition. This coverage is secondary to any other health care plan(s).

1. SPORTS LIABILITY INSURANCE POLICY #GAME0031

LIMIT: \$5,000,000 per occurrence
DEDUCTIBLE: \$500 per occurrence

Who is insured?

All members including Executives, Managers, Coaches, Directors, Officers, Officials, Employees, Participants & Volunteers while acting on behalf of the association. The Liability Policy will also include, as additional insured, any government departments, municipalities, sponsors and owners of facilities in whose name you have agreed to provide insurance for their vicarious liability arising out of your operations.

What are we covered for?

Commercial General Liability pays for all sums that the insured is legally obligated to pay against bodily injury or property damage caused to a third party, by an insured member. The policy will also protect you against any suits resulting from a participant who is injured while participating in a sanctioned sporting event.

Activities Covered?

- Organization and Operation of Sanctioned Events
- Training at sites of events, scheduled practices
- Demonstrations
- Workshops
- Conferences
- Clinics
- Camps
- Banquets/Award Ceremonies
- Promotion of Sport
- Publication of Newsletters
- Fundraising Activities

GENERAL LIABILITY

\$5,000,000 Commercial General Liability including the following extensions

- a. Liability for Injury to Participants
- b. Voluntary Medical Payments \$10,000
- c. Blanket Broad Form Tenants Legal Liability \$2,000,000
- d. Non-Owned Automobile Liability \$5,000,000
- e. Personal Injury Liability
- f. Advertisers Liability
- g. Incidental Medical Malpractice – for non-medical personnel
- h. Employers Liability
- i. Premises, property and operations
- j. Occurrence basis broad form Property Damage
- k. Products and Completed operations
- l. Cross Liability Clause included
- m. Sponsors, Government Departments, Municipalities etc. as additional insured's
- n. Host liquor liability for annual awards ceremonies and wind up banquets
- o. Directors & Officers Wrongful Acts/Errors and Omissions **\$1,000,000**

Description of Liability Coverage's

- **Participant Liability** - in many standard liability insurance policies participants are excluded, but in the broad form coverage with GameDay Insurance Inc., this coverage is included.
- **Voluntary Medical Payments** - Reimburses others (*third party*) for their medical expenses if they are injured as a result of your activities up to \$10,000.
- **Blanket Tenants Legal Liability** - Provides coverage for your legal responsibility for damage to premises that you rent in the course of your activities up to \$2,000,000.
- **Non-Owned Automobile Coverage** – Indemnity to the Insured against the liability imposed by law upon the Insured for loss or damage arising from the use or operation of any automobile not owned in whole or in part by or licensed in the name of the Insured.
- **Personal Injury** - Coverage against libel, slander
- **Incidental Medical Malpractice** - Protection for rendering first aid to an injured person by a non-medical professional in the course of your activities.
- **Cross Liability Clause** - This clause allows for additional insured's to sue, if necessary within the policy.
- **Employers Liability** - To protect the insured against the possibility of an employee suing for injury suffered in the course of their employment.
- **Premises, Property and Operations** - This provides coverage for the insured who is responsible in the scope of their operations for premises and property to which they Have control over. It also includes coverage for their own operations (activities)
- **Products and Completed Operations** - This is simply a broader form of liability coverage normally associated with manufacturers and business.
- **Blanket Contractual** - This provides coverage for the insured when he/she signs a contract, which stipulates the legal responsibility of the insured.
- **Occurrence Basis Property Damage** - Again, this is just a broader type of coverage. Occurrence happens over a period of time, whereas, an accident wording is sudden and accidental.
- **Directors & Officers/Errors & Omissions \$1,000,000** - This is an errors & omissions coverage which protects the association's Directors & Officers, Executives, Employees and Volunteers for compensatory damages as a result of their wrongful acts. This coverage responds to "civil proceedings" (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage is extended all the way down to the club level.

2. SPORT ACCIDENT INSURANCE ACCI0009

LIMIT: various
DEDUCTIBLE: N/A

Who is Insured?

All participants, managers, coaches, officials and trainers.

What are we covered for?

Coverage is for practices, games, team travel (**within Canada**)

The **Accident Policy** provides coverage for accidental bodily injury or death sustained by an Insured due to external violent, sudden, fortuitous causes beyond the Insured's control, occurring **in Canada** while this insurance is in force. The **Accident Policy** pays for medical bills on behalf of injured participants. This policy assures that your participants and volunteers will receive the type of medical treatment that they deserve. Also, the threat of a lawsuit is minimized as the injured participants medical bills are taken care of by the Accident Policy. This coverage is secondary to any other health care plan(s). Expenses eligible under any other healthcare plan(s) must be submitted to that plan(s). Your **Accident Policy** will pay only the amount of expenses that are not eligible with any other insurer. Only claims up to the maximum benefits of the policy will be considered for payment. Explanation of benefits from other insurer, must accompany eligible expenses when submitting. You must have required and received medical /dental treatment commencing within **30 days** of the accident. Insurance provider must receive notice of your accident within **30 days** of the accident date and claim documentation within **90 days** from the date of accident.

The **Accident Policy** provides benefits as per the **Benefit Schedule**, while an insured member is;

- a) participating as a player member, manager or coach of the Named Insured in practice or competition which is organized under the supervision and direction of the Named Insured; or
- b) being transported with other player members of the Named Insured as a group to or from the place of such practice or game; all under the supervision and direction of the Named Insured.



Program Overview

SPORT ACCIDENT	
Sport Accident Coverage Form	
Principal Amount:	\$50,000
Fracture Indemnity Amount:	\$1,000
<i>(See Section I and Section II for Amounts Payable)</i>	
Dental Accident Reimbursement	\$10,000
Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses	\$200
Emergency Transportation – any one Insured Person	\$50
Family Transportation – any one Insured Person	\$2,500
Medical Expense Reimbursement - any one Insured Person	\$15,000
Prosthetic Appliances - any one Insured Person	\$3,000
Rehabilitation - any one Insured Person	\$3,000
Repatriation - any one Insured Person	\$5,000
Tuition Benefit - any one Insured Person	\$2,000
Aggregate Limit Payable for any one Accident	\$1,000,000
Weekly Income – Waiting Period – 30 days	\$100

BENEFITS

I. SCHEDULE OF SPECIFIC LOSS INDEMNITY

When injury shall result in any of the following losses, the Insurer will pay for:

Loss of Life	The Principal Sum
Loss of Both Hands	The Principal Sum
Loss of Both Feet	The Principal Sum
Loss of Sight of Both Eyes	The Principal Sum
Loss of One Hand and One Foot	The Principal Sum
Loss of One Hand and Sight of One Eye	The Principal Sum
Loss of One Foot and Sight of One Eye	The Principal Sum
Loss of One Arm	Three-Fourths of the Principal Sum
Loss of One Leg	Three-Fourths of the Principal Sum
Loss of One Hand	Two-Thirds of the Principal Sum
Loss of One Foot	Two-Thirds of the Principal Sum
Loss of the Entire Sight of One Eye	Two-Thirds of the Principal Sum
Loss of Thumb and Index Finger	One-Third of the Principal Sum
Loss of One Thumb or One Finger	One-Thirtieth of the Principal Sum
Loss of Speech and Hearing in Both Ears	The Principal Sum
Loss of Speech	One-Half of the Principal Sum
Loss of Hearing in Both Ears	One-Half of the Principal Sum
Loss of Hearing in One Ear	One-Sixth of the Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	The Principal Sum
Paraplegia (total paralysis of both lower limbs)	Three-Fourths of the Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	One-Half of the Principal Sum

II SCHEDULE OF SPECIFIC FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

When injury results in any of the following fractures, dislocations, severances or miscellaneous conditions within three hundred and sixty-five (365) days after the date of the accident;

A) The Insurer will pay for the complete fracture (including Greenstick, Buckle, or Torus type fracture):

Of the skull (depressed)	100% of the Fracture Indemnity Sum
Of the skull (not depressed)	33% of the Fracture Indemnity Sum
Of the spine (one or more vertebrae)	50% of the Fracture Indemnity Sum
Of the jawbone (mandible or maxilla)	33% of the Fracture Indemnity Sum
Of the thigh (femur)	33% of the Fracture Indemnity Sum
Of the pelvis	33% of the Fracture Indemnity Sum
Of the knee cap	27% of the Fracture Indemnity Sum
Of the lower leg	25% of the Fracture Indemnity Sum
Of the shoulder blade	25% of the Fracture Indemnity Sum
Of the ankle (small bones)	25% of the Fracture Indemnity Sum
Of the wrist (small bones)	25% of the Fracture Indemnity Sum
Of the forearm (compound or comminuted)	23% of the Fracture Indemnity Sum
Of the forearm (not compound or comminuted)	12% of the Fracture Indemnity Sum
Of the sacrum or coccyx	17% of the Fracture Indemnity Sum
Of the sternum	17% of the Fracture Indemnity Sum
Of the arm, between elbow and shoulder	17% of the Fracture Indemnity Sum

Of the collarbone
 Of the nose
 Of two or more ribs
 Of one hand (one or more metacarpals)
 Of one foot (one or more metacarpals)
 Of the facial bones
 Of one rib
 Of any bone not specified above

12% of the Fracture Indemnity Sum
 12% of the Fracture Indemnity Sum
 10% of the Fracture Indemnity Sum
 8% of the Fracture Indemnity Sum
 8% of the Fracture Indemnity Sum
 8% of the Fracture Indemnity Sum
 5% of the Fracture Indemnity Sum
 3% of the Fracture Indemnity Sum

The Insurer will pay for the complete dislocation:

Of the hip
 Of the knee (with open primary repair)
 Of the shoulder (with open reduction)
 Of the wrist
 Of the ankle
 Of the elbow
 Of the bones of the foot, other than toes

42% of the Fracture Indemnity Sum
 33% of the Fracture Indemnity Sum
 25% of the Fracture Indemnity Sum
 17% of the Fracture Indemnity Sum
 17% of the Fracture Indemnity Sum
 12% of the Fracture Indemnity Sum
 8% of the Fracture Indemnity Sum

B. The Insurer will pay for the severance of tendon or tendons:

Heel (Achilles)
 Ankle
 Foot (not toes)
 Elbow
 Wrist
 Hand (including fingers)

22% of the Fracture Indemnity Sum
 20% of the Fracture Indemnity Sum
 17% of the Fracture Indemnity Sum
 17% of the Fracture Indemnity Sum
 12% of the Fracture Indemnity Sum
 12% of the Fracture Indemnity Sum

C. The Insurer will pay in the event of:

Rupture of kidney (operative)
 Rupture of liver
 Rupture of spleen
 Puncture of lung – with open surgery
 Burns – requiring one or more skin grafts
 Knee – injured and requiring surgery
 (when there is no fracture or dislocation)
 Bone operation – injured portion removed

27% of the Fracture Indemnity Sum
 27% of the Fracture Indemnity Sum
 27% of the Fracture Indemnity Sum
 23% of the Fracture Indemnity Sum
 22% of the Fracture Indemnity Sum
 22% of the Fracture Indemnity Sum
 20% of the Fracture Indemnity

III SUPPLEMENTARY BENEFITS

If the injury shall result in a payment being made by the Insurer under the SCHEDULE OF SPECIFIC LOSS INDEMNITY or the SCHEDULE OF SPECIFIC FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY, the Insurer will pay in addition:

A DENTAL ACCIDENT REIMBURSEMENT

The reasonable expenses incurred within 52 weeks of a covered accident to treat, repair or rebuild teeth damaged in the covered accident, excluding any expenses any treatment, repair or rebuild provided solely for cosmetic or aesthetic reasons. Such expenses will be subject to limit shown on the Declarations.

B. DENTURES, REMOVEABLE TEETH, HEARING AIDS, EYEGLASS AND CONTACT LENSES

The reasonable expenses incurred within 60 days of a covered accident to replace dentures, removable teeth, hearing aids, eyeglasses or contact lenses damaged as a result of a covered accident, subject to the limit shown on Declarations.



People. Property. Positive Image.



C. EMERGENCY TRANSPORTATION

The reasonable expenses incurred for transportation, other than by a licensed ambulance service, of the Insured Person to a doctor's office or the nearest hospital, subject to the limit shown on the Declarations.

D. FAMILY TRANSPORTATION

The reasonable expenses incurred by the immediate family for transportation by the most direct route by a licensed common carrier to attend to the Insured Person within 365 days of the date of the accident where the attending physician recommends the personal attendance by a member of the immediate family. Such expenses will be subject to the limit shown on the Declarations. A member of the immediate family will mean the spouse, parents, grandparents, children age 18 or over, brothers, sisters of the Insured Person.

E. MEDICAL EXPENSE REIMBURSEMENT

The reasonable medical expenses incurred by an Insured Person as a result of a covered accident within 52 weeks of the date of the accident for:

- (i) Licensed ambulance services
- (ii) Crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair, hospital bed, lifts or other medical devices recommended by the attending physician, excluding splints, orthotic devices and medial braces required primarily for sports activities.
- (iii) Prescription drugs
- (iv) Hospital services not covered by any federal, provincial government or private health care plan.
- (v) Medical services incurred outside the province of residence for injuries sustained in a covered accident that occurs outside the province where the Insured Person is normally domiciled, but in no event for any expenses incurred outside of Canada.

The maximum amount payable under this section is subject to the limit shown on the Declarations.

F. PROSTHETIC APPLIANCES

The reasonable expense actually incurred up to the limit shown on the Declarations for a hearing aid, artificial limb or eye or any other prosthetic appliance prescribed by a legally qualified physician or surgeon and required as a result of such injury within one year of the date of the accident.

G. REHABILITATION

The reasonable and necessary expenses actually incurred up to the limit shown on the Declarations for special training of the Insured Person provided

- (i) such training is required because of such injury and in order for the Insured Person to be qualified to engage in an occupation in which he would not have been engaged except for such injury;
- (ii) expenses are incurred within two years from the date of the accident;
- (iii) no payment will be made for room or board or other ordinary living, travelling or clothing expenses.

H. REPATRIATION

The expenses incurred for preparing the deceased for burial and shipment of the body to the residence of the deceased where the injuries covered by this policy result in loss of life of an Insured Person beyond 200 kilometres from their permanent city of residence, and within 365 days from the date of the accident, subject to the limit shown on the Declarations.

I. TUITION BENEFIT

The expenses incurred within six (6) months of the date of accident for tutorial services of a qualified teacher certified by the Provincial Ministry of Education at a rate not to exceed \$25.00 per hour, as well as reasonable expenses for the rental of necessary equipment and program software are required and approved by the Board of Education in the jurisdiction in which the Insured Person is enrolled in studies. All benefits under this section are subject to an aggregate limit as shown on the Declarations.



IV WEEKLY INCOME - TOTAL DISABILITY - ACCIDENT

The Insurer hereby agrees to pay the benefit hereinafter described for loss resulting directly and independently of all other causes from bodily injuries sustained by an Insured Person in a covered accident, while this Policy is in force (hereinafter referred to as "such injuries") as follows:

a) If "such injuries" shall within sixty days from date of accident totally and continuously disable the Insured Person and prevent the Insured Person from performing any and every duty pertaining to the Insured Person's occupation or employment with the Insured the Insurer will pay from the first day of disability following the Waiting Period of 30 days for the period of such continuous total disability but not exceeding 104 (one hundred and four) weeks, Weekly Income at the rate specified in the Declarations.

For any period of total disability involving part of a week the Insurer will pay one seventh of the Weekly Income benefit specified in the Schedule for each day of such part of a week.

SPECIAL EXCLUSION: No benefit shall be payable under this Section IV unless the Insured Person shall be attended by a legally qualified physician or surgeon.

The description of coverage contained herein is not complete, and reference must be made to the actual terms and conditions of the applicable policy forms.

Underwritten by GameDay Insurance Inc/AVIVA Insurance Company of Canada



Important Details You Should Know About Your Sport Accident Coverage

- The **Sport Accident Policy** is an Excess Policy, which means, it is secondary to any other health care plan(s).
- The **Sport Accident Policy** provides coverage for **Sanctioned or Authorized Activities**.
- Expenses eligible under any other healthcare plan(s) must be submitted to that plan(s). Your Sport Accident Policy will pay only the amount of expenses that are not eligible with any other insurer. Only claims up to the maximum benefits of the policy will be considered for payment. Explanation of benefits from other insurer, must accompany eligible expenses when submitting.
- **Pearson Dunn Insurance** must receive notice of your accident within **30 days of the accident date** and **claim documentation within 90 days from the date of accident**.
- All claims must be submitted by completing our **Sport Accident Claim Form** along with itemized statement and paid receipts. (Originals are required if there is no other coverage available). The Physician Statement needs to be completed confirming diagnosis &/or recommended treatments, if you are claiming other than dental or ambulance expenses.
- **Sport Accident Claim Forms** must be completed in full and original receipts/invoices for medical/dental expenses must be submitted as well. All claim documentation will then be forwarded on to the adjusting firm, Crawford Adjusters, for review & settlement. Additional invoices/receipts can then be forwarded on as treatment is incurred.
- The insurer will pay with respect to each insured that sustains bodily injury as a result of an accident, all reasonable medical expenses resulting and incurred within 52 Weeks from the date of accident. You must have required and received medical /dental treatment commencing within 30 days of the accident.
- Services provided by a legally qualified physiotherapist, athletic therapist, chiropractor and osteopath are covered under the Blanket Accident Reimbursement Coverage. **Physician's referral** is required if you are intending to claim for any of these expenses.
- **Sport Accident Claim Forms** must be completed along with Attending Physician Statement, invoices/receipts for treatment incurred. Please note, if paid by other health care provider, Proof of Exhausting Benefits must be provided.
- Medical Braces prescribed by a physician, are covered under the Blanket Accident Reimbursement Coverage. Medical Braces required primarily for Sporting Activities are **Not covered**.



Excess Medical/Hospital Expense - Accident & Sickness

LIMIT: \$2,000,000
DEDUCTIBLE: N/A
POLICY #: TRAV0001
TERM: September 1, 2011 to September 10, 2012
INSURER: GameDay Insurance Inc
Underwritten by AVIVA Insurance Company of Canada

Who is an Insured?

Coverage is provided to **participants, managers, coaches, trainers, officials & executives.**

What are we covered for?

Coverage is provided for emergency medical care in excess of your provincial or territorial plan, due to an **Illness or Accident** while travelling **Outside of Canada** while participating in sanctioned or authorized diving activities.

Schedule of Benefits

Type of Coverage

Maximum Sum Insured

Accident / Sickness Medical Expense	\$2,000,000.00
Dental Accident	\$5,000.00
Out-of-Pocket Expenses	\$300.00
Trip Interruption	One Way Economy Class
Repatriation Expense	\$3,000.00
Aggregate Expense Payable for one Incident	\$2,000,000.00

Excess Medical/Hospital Expense - Accident & Sickness

When as a result of an injury or sickness the Insured requires necessary services of a physician, registered nurse, physiotherapist, hospital, x-ray clinic, laboratory, ambulance or emergency medical return to the outbound point of departure, the Insurer will pay the actual expenses incurred not to exceed the maximum sum stated on the individual certificate. Hospital services shall include all necessary services provided normally by a duly registered and licensed hospital excluding services of a nursing home, rest home or by other non-hospital institutions. Coverage is provided only for expenses incurred by Canadian residents, which are in excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the Insured is enrolled in such a plan.

Blanket Dental Accident Reimbursement

When an injury to whole or sound teeth including filled or restored teeth requires and receives dental treatment commencing within 30 days of the date of the accident, the insurer shall pay for the necessary expenses for such treatment rendered within 52 weeks of the accident.

Payments for all treatment rendered shall be limited to an aggregate of \$5,000.

The following provisions also apply:

- (a) Any payment made under this section shall not exceed the amount specified in the schedule of fees in effect at the time of the accident as published by the dental association of the province in which this policy is issued;
- (b) Capped or crowned teeth shall be deemed as whole or sound teeth;
- (c) No benefit will be payable for expenses of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment, any dental treatment provided solely for cosmetic or esthetic reason

Interruption Insurance

Out of Pocket Expenses In the event covered injury or sickness causes an Insured's delay in returning to the point of departure beyond the return date, the Insurer will pay for reasonable out of pocket expenses incurred by the insured up to the per diem amount specified in the individual certificate, not to exceed the maximum applicable benefit for all such expenses.

Trip Interruption If, after the outbound departure, the Insured is obliged to leave the tour upon a physician's advice due to covered illness or injury, the Insurer will pay for the cost of one way economy class transportation to rejoin the ongoing tour or to original point of departure.

Repatriation Expense In the event of covered death of the Insured, occurring after the originating flight date, the Insurer will pay the cost of the actual expense incurred for conveyance of the body and ashes of the insured person to the outbound point of departure, not to exceed the applicable maximum benefit.

Liability

- ⌘ **Are employees and volunteers covered under a sport liability insurance policy?**
⇒ All employees and volunteers are covered under the General Liability Policy within the scope of their assigned duties provided that the event is sanctioned or approved by the insured (your sport organization).
- ⌘ **If cash or equipment was stolen from one of our members, would that be covered by our liability insurance?**
⇒ No. Personal Property/Equipment of an insured member is not covered. Separate insurance should be secured. The Liability Policy responds to claims made against you, for compensatory damages to compensate the plaintiff for loss, injury or harm suffered.
- ⌘ **Does the Liability Policy include the cost of legal fees**
⇒ Yes, some restrictions apply refer to your actual policy.
- ⌘ **Am I covered when I am practicing at my home or cottage?**
⇒ No. Liability & Accident coverage only applies to sanctioned or approved activities at sites of events, competitions, training camps.
- ⌘ **What does 'per occurrence' mean?**
⇒ Occurrence means 'per accident'.
- ⌘ **I see the word 'aggregate' on our policy. What does it mean & how does it affect us?**
⇒ An aggregate is the sum total an insurance company will pay under the applicable coverage during a policy term. There is an aggregate on your liability policy for the coverage called 'products / completed operations hazard'. The aggregate only applies to this type of risk. Product / completed operations relates to the making & selling of a product.
- ⌘ **If there is a liability claim that requires a pay out to the maximum of our liability limit is there any coverage left for other incidents?**
⇒ YES. Your full per occurrence limit is still available for any other claim.
- ⌘ **If there are multiple claims does the limit for injury to a third party run out?**
⇒ NO. You still have the full per occurrence limit available for other claims.
- ⌘ **If I'm found to be negligent am I still covered?**
⇒ Yes, your liability policy will protect you even if you are found to be negligent. In fact, the other party must prove your negligence to successfully sue you.

FAQ



Sport Accident

- ⌘ **Is a registered volunteer covered under the Accident Policy if they sustain an injury?**
⇒ No. A volunteer is **Not Covered** under the accident policy.
- ⌘ **Does our Accident Policy provide coverage for an employee injured on the job?**
⇒ No. The Accident Policy provides coverage for injury sustained in competition or in training or being transported in a group of three or more members to or from the place of training or competition. It applies to athletes, coaches, managers and officials. It does not provide compensation to an employee who is injured on the job or who develops a disability that prevents him or her from working.
- ⌘ **I also have a private health plan. How does it work if I have an injury and incur out of pocket expenses?**
⇒ The **Sport Accident Policy** is a secondary response policy. This means that you must first go through OHIP and your private health plan prior to receiving payment under the sport accident plan. You should still submit your Athletic Accident Claim Form within 30 days of the injury. The adjuster for the sport accident policy will work with you to explain the process.
- ⌘ **If I get injured during a game would I receive monies for loss of time from my full time employment?**
⇒ No. There is no coverage for loss of wages.
- ⌘ **How do we access the Sport Accident program?**
⇒ Complete an **Athletic Accident Claim Form**, which you can obtain from your association.

This Frequently Asked Questions document is general and not specific to your policy. For full details of your policy please refer to your full policy declaration pages and policy wording.