|  |
| --- |
| **OVERVIEW:** |

Supplemental tournament insurance is offered to hosts of US Club Soccer-sanctioned tournaments in order to obtain liability and accident insurance coverage for all non-US Club Soccer participating teams. (Teams using US Club Soccer passcards already have insurance coverage.) This simplifies attendance for teams, especially if a number of non-US Club Soccer teams are unable to obtain insurance from their state association or other U.S. Soccer Federation member organization. This form is to be completed by the tournament host, and coverage is valid only for the US Club Soccer-sanctioned tournament identified below.

|  |
| --- |
| **INSTRUCTIONS:** |

**Please submit the following information:**

1. This completed and signed **Sanctioned Tournament Supplemental Insurance Form**
2. A **check** payable to “Insurance Office of America, Inc*.*” (for the appropriate premium listed in the “Category” section)
3. A copy of the **approved US Club Soccer Tournament Hosting Application**

**Submission:**

* Via email to: John.Burkart@ioausa.com or JD.Wallum@ioausa.com

or

* Via postal mail to: John Burkart / IOA Insurance Services / 130 Vantis, Suite 250 / Aliso Viejo, CA 92656

For more information, please contact IOA’s JD Wallum at (719) 651-5582.

|  |
| --- |
| **DETAILS:** |

|  |  |
| --- | --- |
| **US Club Soccer-sanctioned tournament:** |       |
| **Host club/organization:** |       |
| **Tournament location:** |       |
| **Tournament date(s):** |       |
| **Contact name:** |       |
| **Contact phone:** |       |
| **Contact email address:** |       |
| **Contact street address:** |       |
| **Contact city/state/zip code:** |       |

|  |
| --- |
| **CATEGORY:** |

|  |  |
| --- | --- |
| **Please apply a check mark to one of the following:** | [ ]  – 1 to 50 non-US Club Soccer teams attending (Premium = $700)[ ]  – 51 to 100 non-US Club Soccer teams attending (Premium = $1,000)[ ]  – 101+ non-US Club Soccer teams attending (Premium = $1,500) |

I certify that the information on this Sanctioned Tournament Supplemental Insurance Form is accurate to the best of my knowledge. I understand that anyone who knowingly falsifies this information is subject to suspension from US Club Soccer and the U.S. Soccer Federation.

**Signature – Authorized Tournament Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name – Authorized Tournament Director:**

**Date:**

|  |
| --- |
| **ACCIDENT MEDICAL INSURANCE:** |

*Underwritten by the United States Fire Insurance Company, rated “A, XII” by A.M. Best. Coverage is written on a master policy held by US Club Soccer.*

**Limits:**

* Accident Medical & Dental Expense Limit: $100,000 maximum
* Youth Deductible: $500 per injury
* Accidental Death & Dismemberment Benefit: $5,000
* Full Excess Coverage Benefit Period: 52 weeks

**Sub-Limits Per Claim:**

* $1,000 benefit for chiropractic/physical therapy, subject to a limit of $100 per visit
* $1,000 benefit for durable medical equipment
* $1,000 benefit for prescription drugs

**Other:**

This policy is written on a full excess basis, meaning claims must be submitted to any other applicable insurance or healthcare plan first (such as the insured’s or parent’s own personal or group medical plan), before being sent to A-G Administrators, Inc. for payment. However, if the insured party has no other applicable insurance or healthcare plan, this policy will then pay claims on a primary basis. All accident claims are evaluated, adjusted and paid directly by A-G Administrators, Inc.

|  |
| --- |
| **LIABILITY INSURANCE:** |

*Underwritten by Everest National Insurance Company: rated “A+, XV (Superior)” by A.M. Best. Coverage is written on a master policy held by US Club Soccer.*

**Limits:**

* Per Occurrence Limit: $1,000,000
* Aggregate Limit: $3,000,000 per club
* Products and Completed Operations: $3,000,000
* Personal and Advertising Injury: $1,000,000
* Sexual Abuse/Molestation Liability: $1,000,000
* Damage to Premises Rented: $1,000,000
* Medical Payments: $5,000
* Participant Legal Liability Included
* Deductible $0

**Notable Exclusions:**

Standard CGL exclusions; alcohol and drug-related claims; trampolines and springboards; employment-related practices and punitive damages.