



Florida Youth Soccer Association

(Underwritten by An A.M. Best Rated "A" Insurance Company)

Office Hours: 8:30 AM - 5:00 PM

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Claim PA Forms Email: paclaimforms@fysacom

GENERAL LIABILITY BENEFITS

Explanation of Coverage

Term of Insurance: August 1, 2020 - August 1, 2021

WHO IS COVERED?

Florida Youth Soccer Association, its affiliated associations, leagues, clubs and all officers, directors, coaches, employees, teams, team officials, and volunteers while acting on behalf of Florida Youth Soccer Association at a covered activity.

LIMITS OF LIABILITY:

Aggregate Limit Cap \$25,000,000

Each Occurrence \$1,000,000

Products/Completed Operations Aggregate \$3,000,000

Personal and Advertising Injury \$1,000,000

Legal Liability to Participant Coverage (other than brain injury) \$1,000,000 per occurrence/\$3,000,000 aggregate

Legal Liability to Participant Coverage (for brain injury) \$1,000,000/aggregate \$1,000,000

(defense inside the limit)

Damage to Premises Rented to You Limit \$300,000

Medical Expense (Spectators Only) \$5,000

Sexual Abuse Each Victim \$500,000

Sexual Abuse Policy Limit \$2,000,000

Excess Liability \$5,000,000 subject to policy terms, conditions and exclusions

WHAT IS COVERED?

Liability for bodily injury or property damage to spectators, game participants, and to members of the general public for activities sanctioned by Florida Youth Soccer Association.

CERTIFICATES OF INSURANCE

All Certificate of Insurance Requests must be submitted to FYSA by submitting the Certificate of Insurance Form which can be found on the Association's website at www.fysa.com. Certificates of insurance will be issued upon request adding the name of a school district, university, private land owner, municipality, or sponsor. All other requests are subject to underwriting approval.

NOTABLE GENERAL LIABILITY COVERAGE ENDORSEMENTS, LIMITATIONS & EXCLUSIONS:

Included - Emergency Medical Technicians - Incidental Liability
Blanket Additional Insured & Waiver of Subrogation.

Excluded - Medical Payments for Athletic Participants, Members or Volunteers, Employment Related Practices
Hired & Non-owned Auto Liability is not included for teams, team officials, parents, coaches, or volunteers.

Limitations- Coverage responds per sanctioned and approved events at sanctioned and approved locations.

Standard commercial general liability exclusions apply.

Director's & Officers

Explanation of Coverage

Term of Insurance: October 1, 2020 - October 1, 2021

LIMITS OF LIABILITY:

\$5,000,000 per claim

\$5,000,000 aggregate per policy term

\$15,000 Deductible

WHAT IS COVERED

The D&O Liability policy protects your association and its officers, directors and others acting in an official capacity on behalf of the association.

ACCIDENT MEDICAL EXPENSE BENEFITS & ACCIDENTAL DEATH

AND DISMEMBERMENT BENEFITS Explanation of Coverage

Term of Insurance: August 1, 2020 - August 1, 2021

WHO IS COVERED?

Insured persons include all registered team members, those players participating in approved try-outs, coaches, managers, referees, officials, and volunteers of the teams, leagues and or the association.

COVERED ACTIVITIES:

Insured persons are covered for injuries resulting directly and independently of all other causes from accidents occurring while participating in the following covered activities:

- Scheduled games, team practice sessions, tryouts or sponsored activities provided they are under the direct supervision of a team official; or sanctioned local or national tournaments as a member of a contestant team.
- Organized and supervised group travel as authorized by the Policyholder directly to and from a covered event.

ACCIDENT POLICY LIMITS:

Accident Medical - Excess Limit \$50,000

Deductible Per Claim \$2,000

Accidental Death & Specific Loss \$10,000

Chiropractic/Physical Therapy \$50 per visit up to \$2,000 per injury

80/20 Coinsurance applies after \$2,000 deductible is met. Benefit Period is 104 Weeks.

Durable Equipment and Prescriptions included. Ambulance Expenses for transportation from the emergency site to the hospital included.

*WHAT IS NOT COVERED:

Expenses for treatment on or to the teeth, except for the 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, cosmetic surgery - cosmetic surgery does not include reconstructive surgery made medically necessary as a result of an injury, infection or other diseases of the involved part; pre-existing conditions. *For a complete list of exclusions contact FYSA.

COVERAGE:

This policy is secondary coverage to all other policies. Excess provision for Medical Expense Benefit: The benefits provided under the plan selected are excess to any valid and collectible coverage. In the absence of other coverage, this policy will provide primary benefits, subject to the deductible shown above.

WHAT ARE THE BENEFITS:

Accident Medical Expense: Carrier will pay excess over and above any amount(s) paid or payable under any other insurance plan or union welfare plan, or prepayment arrangement, any federal, state, or other governmental plan or law, whether provided on an individual basis or by membership in an association whether insured or uninsured, incurred as the result of any one accident up to the maximum benefit indicated in the plan selected and subject to the plan's deductible.

Accidental Death & Specific Loss: If injury to the Eligible Person results in the death or dismemberment of the eligible person, within six months after the date of the accident, the Company will pay the benefit as provided by the plan selected.

CLAIM PROCEDURES:

1. Complete and submit Accident Claim Form which can be found on FYSA website.
2. Form must be completed either by claimant, parent or legal guardian.
3. Claim Forms should be submitted at least 90 days within accident occurring.
4. Once received FYSA will verify claimant is a member of a registered team.
5. Claim will then be submitted to the carrier and a claim number and an adjuster will be assigned. At that time all correspondence should be sent directly to the insurance carrier.

NOTE: Property Coverage is not provided for any teams. Coverage will need to be obtained separately by each team. For additional information you can contact ME Wilson at 813-229-8021.

All of the above are subject to policy terms, conditions and exclusions.

THIS OUTLINE IS ONLY FOR GENERAL INFORMATION AND NONE OF THE ABOVE SHALL AMEND OR ALTER THE INSURANCE CONTRACTS.

THE WORDING OF THE POLICIES CONSTITUTES THE ONLY AGREEMENT BETWEEN THE INSURED AND THE INSURANCE COMPANY. CONSULT YOUR POLICIES FOR COVERAGE EXCLUSIONS.