



# Florida Youth Soccer Association

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

Office Hours: 8:30 AM - 5:00 PM  
Phone: (863) 268-8220  
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Claim Forms Email: customerservice@mewilson.com

## GENERAL LIABILITY BENEFITS Explanation of Coverage

Term of Insurance: June 1, 2018 - June 1, 2019

### 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:

Each Occurrence \$1,000,000  
Products/Completed Operations Aggregate \$2,000,000  
Personal and Advertising Injury \$1,000,000  
Legal Liability to Participant Coverage (other than brain injury) \$1,000,000  
Legal Liability to Participant Coverage (for brain injury) \$2,000,000 with generage aggregate \$5,000,000 (defense inside the limit)  
Damage to Premises Rented to You Limit \$300,000  
Medical Expense (Spectators Only) \$5,000  
Sexual Abuse Each Occurrence \$1,000,000  
Sexual Abuse Aggregate \$2,000,000  
Excess Liability \$1,000,000 subject to policy terms, conditions and exclusions  
**\*All of the above 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.

### TERRITORY

United States for bodily injury, property damage, and personal and advertising injury.

### 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](http://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** - Medical Personnel and Medical Trainers acting within the scope of employment .  
Blanket Additional Insured & Waiver of Subrogation.  
**Excluded** - Medical Payments for Athletic Participants, Members or Volunteers, Employment Related Practices  
Fire Works, Hot Air Balloon, Motorized Vehicles, Climbing Walls, Mechanical Rides, Water Slides, Haunted Houses, Rodeos, Amusement devices, inflatables, dunk tanks, Property of others in the care, custody and control of the insured such as personal property of players, coaches and parents, Workers Compensation, Intentional Acts, Player vs Player Claims, Hired & Non-owned Auto Liability is not included for teams, team officials, parents, coaches or volunteers.

**Standard commercial general liability exclusions apply.**

## Director's & Officers Explanation of Coverage

Term of Insurance: September 1, 2018 - September 1, 2019

### LIMITS OF LIABILITY:

\$5,000,000 per claim  
\$5,000,000 aggregate per policy term  
\$5,000 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: June 1, 2018 - June 1, 2019

### 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.  
Heart & Circulatory Benefit Included.

### WHAT IS NOT COVERED:

Expenses for treatment on or to the teeth, except for the treatment resulting from injury to natural teeth, Services normally provided without charge by you or your employees, 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 due to a covered accident or sickness which results in trauma, infection or other diseases of the involved part; Pre-existing Conditions. \*For a complete listing please contact FYSA.

### COVERAGE:

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:** Nationwide 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. Submit Accident Claim Form which can be found on FYSA website and submit to M.E. Wilson Co, Inc.
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.**

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.