

## RATES

The following costs are for the benefits specified earlier, which include a SCMAF registration fee. Coverage begins from the date of registration with SCMAF and ends December 31st of the year registered. SCMAF registration and membership is mandatory for participation in this insurance program:

Sport	Youth	Adult	Tournament
Baseball	\$50.00	\$110.00	\$20.00
Basketball	\$50.00	\$110.00	\$20.00
Flag Football	\$50.00	\$110.00	\$20.00
Volleyball	\$50.00	\$110.00	\$20.00
Soccer (Indoor)	\$100.00	N/A	\$20.00
Soccer (Outdoor)	\$100.00	N/A	\$20.00
Softball	\$50.00	\$120.00	\$20.00
Roller Hockey	\$50.00	\$110.00	\$20.00
Officials (Annual)		\$15.00	\$15.00
Individual Sports (Cheerleading, Track, Gymnastics, Swimming, Tennis)			ALL \$4.00

## IMPORTANT INFORMATION

This is only a brief description of the coverage available under Policy series C11695DBG. The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA., with its principle place of business in New York, NY.

## APPLICATION

Any SCMAF team or league in good standing may enroll. To enroll for coverage, contact your league director or Recreational Department representative. You will be notified of any problems, miscalculations or omissions that would prevent SCMAF from accepting the enrollment form. Make the check payable for total premium to **SCMAF**.

For further information or questions, please call SCMAF at (626) 448-0853 ext. 11 or E-mail SCMAF@scmaf.org.

Check, money order, Visa, Mastercard are accepted

**REGISTER TODAY!**



SCMAF  
Accident Protection Program  
P.O. Box 3605  
South El Monte, CA 91733



**Southern California  
Municipal Athletic Federation  
Accident Protection Program**

[www.SCMAF.org](http://www.SCMAF.org)



## Your Safety is Important

You know how important safety is to SCMAF's continued success. But the reality is that accidents happen, even in the best programs. This policy SCMAF is offering will help protect active players, coaches and officials.

## Who is Covered?

All players, coaches and officials of SCMAF, for whom the premium has been paid, are covered while competing in SCMAF agency sanctioned, scheduled and supervised leagues and during group organized, conducted and supervised by the Plan Sponsor or one of its participating members.

## COVERAGES

### Accident Medical Expense

Covered Medical expenses are payable, in excess of any other valid and collectible insurance. The plan will pay up to a maximum of \$15,000 of usual and customary costs for covered medical expenses incurred within three years of the date of the injury. The plan will also cover up to \$1,000 per tooth after the deductible. The first covered expenses must be incurred within 90 days of the accidental bodily injury. A deductible may apply as shown in the schedule of benefits. The deductible is reduced by amounts paid by your own insurance.

Covered Expenses are the reasonable and customary charges for Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; services of a Physician or a registered nurse (R.N.); ambulance service to or from a Hospital; laboratory tests; radiological procedures; anesthetics and the administration of anesthetics; blood, blood products and artificial blood products and the transfusion thereof; physical therapy and occupational therapy; rental of Durable Medical Equipment; artificial limbs, artificial eyes or other prosthetic appliances; medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription; or 12. plastic surgery limited to the face.

Injury means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

### Accidental Death and Specific Loss Benefit

If injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Carrier will pay the percentage of the Maximum Amount, as shown in the schedule of benefits, shown below for that Loss:

For the Loss of:	% of Maximum Amount
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

### Exclusions (include but are not limited to):

The plan will not pay for losses resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily injury.

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or autoeroticism.
2. Sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.

3. The Insured's commission of or attempt to commit a crime.
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this policy.
6. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.
7. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
8. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a. riding as a passenger in any air craft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer.
9. The Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
10. The Insured being under the influence of any narcotics unless administered on the advice of and as specified by a Physician.
11. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.
12. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
13. Any condition for which the insured is entitled to benefits under any Workers' compensation Act or similar law.
14. The Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
15. Any loss incurred while outside the United States, its Territories or Canada.