



# YOUTH SPORTS ACCIDENT INSURANCE FOR TACKLE FOOTBALL TEAMS

Underwritten by:



**COMMERCIAL TRAVELERS**  
LIFE INSURANCE COMPANY

70 Genesee Street  
Utica, New York 13502



# APPLICATION FOR TACKLE FOOTBALL ACCIDENT INSURANCE TO COMMERCIAL TRAVELERS LIFE INSURANCE COMPANY, UTICA, NY 13502

1. Name of Policyholder: \_\_\_\_\_

2. Address: \_\_\_\_\_  

Number
Street
City
State
Zip

3. (a) Requested effective date of coverage: \_\_\_\_\_, \_\_\_\_\_.

- (b) Tryout period:  included—(5-month policy term)  
 excluded—(4-month policy term)

4. Policy to cover: All players, coaches and managers of team(s) shown in Question 6

5. Plan of benefits selected:

<b>AD&amp;D Benefit (Principal Sum)</b>	<b>Maximum Medical Expense Benefit</b>	<b>Deductible Amount</b>
\$ _____	\$ _____	\$ _____

6. Policy Premium:

Name of Team(s)	Age Group	Number Eligible	Rate Per Person	Team Premium
_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	x \$ _____	= \$ _____
_____	_____	_____	x \$ _____	= \$ _____

Total Premium (subject to Minimum Policy Premium of \$150.00) \$ \_\_\_\_\_

7. I understand and agree that (a) if this application is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in Question 3, whichever is later, subject to the payment of the required premium, and (b) no contribution to the premium will be made by an insured person. Premium computation is subject to audit.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and in the state of New York, shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Policyholder, by \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent/Broker Name and Address \_\_\_\_\_



## WHO IS COVERED

All players, coaches, and managers of the team(s) specified in the application.

## COVERED ACTIVITY

Participating in scheduled and supervised games, practice sessions, and travel in a group as a member of an insured team.

## MEDICAL EXPENSE BENEFIT

If the Insured Person incurs eligible expenses as the result of a covered injury, directly and independently of all other causes, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

“Eligible expense” means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semi-private accommodations, or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: this Plan does not cover that part of the expense for treatment or service for which benefits are payable or service is available under any other group or blanket insurance or group medical service plan available to the Insured Person, including mandatory automobile no-fault Insurance.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a covered injury results in any of the losses specified below within 100 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- 50% of the Principal Sum for loss of one hand, one foot or sight of one eye

“Member” means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

If the Principal Sum for loss of life is payable, no additional indemnity will be paid for dismemberment. In any event, the Principal Sum is the maximum amount payable under this Part for all losses resulting from one accident.

## EXCLUSIONS AND LIMITATIONS

This Plan does not cover any loss contributed to or resulting from: Sickness or disease in any form (except pyogenic infections due to an accidental cut or wound); the use of drugs or narcotics, unless administered on the advice of a physician; war or any act of war, whether or not declared, or participation in any riot or insurrection; air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline; suicide or any attempt thereat, or any intentionally self-inflicted injury. Nor does this Plan cover: service provided by (a) any person or facility employed or retained by the Policyholder or member organization, or (b) any member of the Insured Person’s family or household; dental treatment, except as the result of a covered injury; examination for, prescription for, or the purchase of eyeglasses or contact lenses or hearing aids; the repair or replacement of any orthopedic appliance; expenses payable under any Workers’ Compensation Law or similar legislation.

## THE UNDERWRITING COMPANY

Commercial Travelers Life Insurance Company was established in 1883. Since our founding we have taken pride in our ability to develop and service products designed to meet specific needs. The Special Risk Insurance Plan described in this brochure is an example of our dedication to the development of quality insurance products.

The policy provides ACCIDENT Insurance only. It does not provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

### IMPORTANT NOTICE—THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Note: This brochure explains the general purpose of the insurance described, but in no way changes or affects any such policy as actually issued.

## SCHEDULE OF PREMIUM RATES PER PLAYER

### 5 MONTH MAXIMUM POLICY TERM

Maximum Medical Expense Benefit	AD&D Benefits (Principal Sum)	Deductible Amount	Age 12 and under	Ages 13–15	Ages 16–18
\$ 5,000.00	\$ 2,500.00	\$ 50.00	\$ 8.55	\$24.30	\$ 94.60
		100.00	7.70	21.70	84.30
\$10,000.00	\$10,000.00	50.00	12.15	30.90	113.50
		100.00	11.60	29.25	106.95
\$15,000.00	\$10,000.00	50.00	13.35	34.60	128.50
		100.00	12.75	32.75	121.00
\$25,000.00	\$10,000.00	50.00	14.15	36.95	137.85
		100.00	13.60	35.30	131.30

**For benefits and rates other than above, contact the Home Office.**

Policies including coverage for tryout period will be issued for term of 5 months.

If coverage for tryout period is desired use formula below:

Rate Per Player, above \$ \_\_\_\_\_ x 1.33 = \$ \_\_\_\_\_  
Total Rate Per Player, including Tryout Period

Rate Per Player, above \$ \_\_\_\_\_ x 1.33 = \$ \_\_\_\_\_  
Total Rate Per Player, including Tryout Period

Rate Per Player, above \$ \_\_\_\_\_ x 1.33 = \$ \_\_\_\_\_  
Total Rate Per Player, including Tryout Period

Age Classification—If more than 10% of the players on a team exceed the maximum age in the age classification, then the next higher classification must be used.