

# THE TWO AREAS OF INSURANCE PROTECTION ARE **LIABILITY AND ACCIDENT MEDICAL COVERAGE**

As closely as safety rules are followed, accidents will happen. Accident Medical insurance helps protect club members from financial loss due to a covered accidental bodily injury. Liability insurance protects the club and its members and association officials from financial loss due to unforeseen incidents which may develop into litigation against members and dance organizations.

## **PART I - LIABILITY INSURANCE**

### **A. LIMITS OF PROTECTION:**

\$1,000,000 Combined Single Limit of Liability for bodily injury and property damage each occurrence (subject to a \$100 property damage deductible per claim) while participating in scheduled and sponsored dancing activities. \$100,000 limit for Damage To Premises Rented to You. Nonowned/Hired Car Liability Coverage is available-contact U.S.D.A. National Insurance Coordinator for application.

### **B. WHO IS COVERED:**

The club and its members while participating in club or organization sponsored and supervised dancing activities. Liability coverage applies in the U.S., its territories or possessions, and Canada.

### **C. WHERE ARE CLAIMS FILED:**

Notify the Affiliate Insurance Chairman regarding any third party claims presented to the Club/Association. Chairman shall call U.S.D.A. National Insurance Coordinator with full description of incident.

## **PART II - ACCIDENT MEDICAL INSURANCE**

### **A. WHAT ARE THE LIMITS:**

\$10,000\* — Usual and Customary Accident Medical Expenses—including Dental

\$10,000 — Accidental Death Benefit

\$10,000 — Accidental Dismemberment Benefit (loss of both hands, both feet, sight of both eyes, or any combination thereof)

\$5,000\*\* — Accidental Dismemberment Benefit (loss of one hand, one foot, sight of one eye)

Accidental Death and Dismemberment Benefits Limitations  
We will not pay for a Loss caused in any way by:

1. bodily or mental infirmity or illness;
2. infection; except pyogenic or bacterial infection in a cut or wound caused by an accident;
3. medical or surgical treatment; except for surgery which results from an accident;

4. air travel, other than as a fare-paying passenger on a scheduled commercial flight;

5. war or act of war;

6. taking part in a riot or felony; this shall not include being a victim of a felony;

7. suicide; attempted suicide or intentional self-inflicted injury.

NOTE: \*Accident Medical Coverage is excess to any other valid and collectible medical insurance covering the same accident. Coverage provided for covered medical expenses incurred within 52 weeks of the accident up to \$10,000 for all eligible expenses as stated in the Policy.

\*\*If more than one of specified losses results from the same accident, only one amount, the largest, will be paid.

### **B. WHO IS COVERED:**

Club members will be insured while participating in any regularly scheduled and sponsored dancing activity worldwide, including group travel (10 or more club members) in a vehicle commercially licensed for transportation of passengers and operated by a person holding a valid operator's license for such vehicle, while being transported to or from a covered dancing activity.

### **C. WHAT IS COVERED:**

Accidental bodily injury sustained by an insured person while participating in dancing activities sponsored and supervised by a recognized club or organization.

### **D. WHAT IS NOT COVERED:**

-Expenses for treatment on or to the teeth, except for 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;

-Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;

-Injury or sickness resulting from declared or undeclared war;

-Injury or sickness while in the armed forces of any country;

-Injury or sickness covered by any workers' compensation or occupational disease law;

-Treatment provided in a governmental hospital unless the insured is legally obligated to pay such charges;

-Infections, except pyogenic or bacterial infections caused wholly by a covered injury or sickness;

-Hernia, unless it results from a covered injury;

-The insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;

-Pre-existing Conditions;

-Claims occurring while dancing at private residences;

-Services normally provided without charge by you or your employees;

-Claims occurring while parachuting or hang-gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;

-Cosmetic surgery.

### **E. HOW TO PRESENT A CLAIM:**

In the event of a covered accident, immediately notify the Club Representative or a responsible officer of the Club. A Proof of Loss form (available from the Club Representative) must be completed. The front is to be filled in and signed by the Club official and the claimant; the back is to be completed by the attending physician. Notice of injury is to be forwarded to the U.S.D.A. National Insurance Coordinator within twenty (20) days, or as soon thereafter as reasonably possible to P.O. Box 22, Tucker, GA 30085-0022.

## **PART III**

### **A. PERIOD OF COVERAGE:**

The policy term is January 1 through December 31. Coverage becomes effective for individual clubs under the policy on the day the application and premium for insurance is received by the U.S.D.A. National Insurance Coordinator.

### **B. COST OF PROGRAM:**

\$4.10 Flat Rate Per Member per policy term or any part thereof. Liability rates would be substantially higher if the Accident Medical portion were not to be included in this program.

## **THIS IS A SUMMARY OF COVERAGE- NOT A CONTRACT**

(Copy of policies are on file in the office of the Insurance Administrator and National Insurance Coordinator)

For complete provisions, policy coverages, terms, conditions & exclusions, please refer to the Policy on file with the Policyholder. If there is any conflict between the provisions of this brochure and those of the Policy, the provisions of the Policy will govern.

**Square Dancers  
Insurance Program  
is endorsed by:  
United Square Dancers  
of America**

Serviced by:  
U.S.D.A. National Insurance Coordinator  
Pat Inglis  
P.O. Box 22, Tucker, GA 30085-0022  
(404) 298-6148  
Fax (404) 298-6149  
pinglis@agnesscott.edu

Administered by:



**MARKEL INSURANCE COMPANY**

A Markel Company

4600 Cox Road, Glen Allen, VA 23060-9817

Underwritten by:

Part I  
Markel Insurance Company

Part II  
Markel Insurance Company

**United  
Square Dancers  
of America**

**Commercial  
General Liability  
and  
Accident Medical  
Insurance Program**

**Affiliate  
Membership Fee and  
Insurance Annual  
Flat Rate Per Member**

**\$ 4.10**