

United States Premier Hockey League  
Summary of Insurance  
Effective: 4/1/2023 -4/1/2024



Excess Participant Accident  
Catastrophic Accident  
General Liability



# Excess Participant Accident

|                              |   |
|------------------------------|---|
| <b>Insurance Company:</b>    | Mutual of Omaha Insurance Company   |
| <b>Effective Date:</b>       | April 1, 2023– April 1, 2024  |
| <b>Policy Number:</b>        | SR2014-P-054224   |
| <b>Eligibility:</b>          | All registered players, coaches, manager, referees, officials, staff and volunteers participating in covered activities of the National Collegiate Development Conference, Premier Division, or Elite Division while participating in scheduled tryout sessions, scheduled team practice sessions, schedule games, tournaments and other sponsored activities under the direct supervision of a Sponsoring Organization team official. (100% Participation) |
| <b>Coverage Description:</b> | Policy provides AD&D and Excess Participant Medical Expense for Eligible Persons injured during a covered activity of USPHL subject to the policy's declaration, conditions, and exclusions.  |

## Policy Benefits

### **Accidental Death & Specific Loss**

|                             |                                |
|-----------------------------|--------------------------------|
| Loss of Life Principal Sum  | \$15,000                       |
| Specific Loss Principal Sum | \$50,000                       |
| Loss Period                 | Loss within 365 Days of Injury |

### **Paralysis Benefit**

|                      |  |
|----------------------|--|
| Principal Sum Amount | \$50,000   |
| Hemiplegia           | 50% of Principal Sum   |
| Paraplegia           | 50% of Principal Sum   |
| Quadriplegia         | 100% of Principal Sum  |
| Loss Period          | Within 365 days after the date of the accident and continuing for one year |

### **Full Excess Medical Expense**

|  |   |
|--|---|
| Maximum Benefit Amount                 | \$50,000 per Injury                       |
| Benefit Percentage                     | 70% of Allowable Expense                  |
| Accident Medical Deductible - Corridor | \$2,500 per Injury with primary insurance |

|                                     |  |
|-------------------------------------|--|
| Loss Period                         | \$5,000 per Injury without primary insurance<br>Initial treatment received within 30 days of accident date |
| Benefit Period                      | Benefits payable for 104 weeks from accident date  |
| Durable Medical Equipment           | Not to Exceed 100% of the Allowable Expense per Injury   |
| Orthopedic Appliances               | Not to Exceed 100% of the Allowable Expense per Injury   |
| Dental Expense                      | Not to Exceed 100% of the Allowable Expense per Injury   |
| Prescription Drug Expense           | Not to Exceed 100% of the Allowable Expense per Injury   |
| Outpatient Physical Therapy Expense | \$50 per visit up to \$2,000 per Injury  |

**Notable Exclusions:**

intentionally self-inflicted injury, suicide while sane or insane, injury caused by intoxication, commitment of or an attempt to commit a felony, sickness, disease, dental treatment except when Injury occurs to sound natural teeth, losses paid under Workers Compensation or Employer's Liability, charges in excess of Allowable Expenses, elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary

# Catastrophic Participant Accident

|                              |  |
|------------------------------|--|
| <b>Insurance Company:</b>    | Mutual of Omaha Insurance Company  |
| <b>Effective Date:</b>       | April 1, 2023 – April 1, 2024  |
| <b>Policy Number:</b>        | SB21CC-P-054225  |
| <b>Eligibility:</b>          | All registered players, coaches, manager, referees, officials, staff and volunteers participating in covered activities of the National Collegiate Development Conference, Premier Division, or Elite Division while participating in scheduled tryout sessions, scheduled team practice sessions, schedule games, tournaments and other sponsored activities under the direct supervision of a Sponsoring Organization team official. |
| <b>Coverage Description:</b> | Policy provides additional AD&D and Excess Participant Medical Expense limits over the base Excess Participant Medical placement (policy SR2014-P-054224)  |

## Policy Limits & Deductible

|                                  |             |
|----------------------------------|-------------|
| Aggregate Limit of Liability:    | \$2,000,000 |
| Deductible – Reducing            | \$50,000    |
| Deductible Establishment Period: | 24 months   |

## Policy Benefits

|  |   |
|--|---|
| <b>Full Excess Medical Expense</b>                                       |   |
| Maximum Benefit Amount   | \$2,000,000   |
| Benefit Percentage   | 100%  |
| Maximum Benefit Period   | the sooner of the Date of Recovery or 10 Years from accident date |
| Maximum for Medically Necessary Hospital Inpatient Services and Supplies | Included in Medical Maximum                                       |
| Maximum for confinement in an Extended Care Facility per Calendar Year   | \$365,000   |

| Daily Room and Board Limit   | Average Semi-Private Rate of Hospital in Which Confined |
|--|---|
| Private or Semi-Private Room   |   |
| Intensive Care   | Usual and Customary Charges                             |
| Combined Home Health Care and Custodial Care<br>Maximum Benefit per Calendar Year  | \$25,000  |
| Custodial Care Maximum Benefit per Calendar Year<br>subject to the Combined Home Health Care and<br>Custodial Care Maximum Benefit per Calendar Year   | \$25,000  |
| Home Health Care Maximum Benefit per Calendar Year<br>subject to the Combined Home Health Care and<br>Custodial Care Maximum Benefit per Calendar Year | \$25,000  |
| Treatment of Mental or Nervous Disorders   |   |
| Doctor Fees –  |   |
| Amount per Visit   | \$50  |
| Visits per Day   | 1   |
| Number of Visits per Calendar Year   | 50  |
| Inpatient Hospital   | Up To 45 Days   |
| Maximum Spinal Manipulation Benefit  |   |
| Maximum amount per Calendar Year   | \$1,000   |
| Maximum Outpatient Physical Therapy Benefit  |   |
| Maximum amount per Calendar Year   | \$50,000  |
| Maximum Prosthetic Limitation  |   |
| Benefit Amount payable during the first<br>two (2) Years after covered accident  | \$100,000   |
| Benefit Amount payable for the remainder<br>of the benefit period immediately thereafter   | \$100,000   |
| If amputation of the leg is above the knee   | \$200,000   |
| Maximum Benefit Amount   | \$200,000   |
| If amputation of the leg is above the knee   | \$300,000   |
| <b>Accidental Death and Specific Loss Benefit</b>  |   |
| Principal Sum  | \$5,000   |

Loss Establishment Period

365 Days

**Notable Exclusions:**

intentionally self-inflicted injury, suicide while sane or insane, injury caused by intoxication, commitment of or an attempt to commit a felony, sickness, disease, dental treatment except when Injury occurs to sound natural teeth, losses paid under Workers Compensation or Employer's Liability, charges in excess of Allowable Expenses, elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary

# **Medical Accident - Claim Filing Instructions**

The accident insurance plan is designed to cover all registered participants of the United States Premier Hockey League's National Collegiate Development Conference, Premier Division, or Elite Division while they're engaged in policyholder sponsored and supervised activities. The plan will consider reimbursement for eligible expenses which are not payable by your healthcare plan or any other insurance plan providing reimbursement for medical expenses. Therefore, prior to filing a claim against the accident insurance policy, you must first file the claim with your own healthcare plan. Include the policy number on all correspondence to facilitate the handling of your claim. Observe the following claim filing procedures:

1. Notify your league director.
2. Obtain a claim form from the Appendix of this Summary. Only one form is needed for each accident, regardless of the number of expenses incurred for the accident. The claim form is included at the end of this package.
3. Section I of the claim form should be completed and signed by the Authorized Official with USPHL confirming the player was injured during a covered activity of USPHL.
4. Sections II, III, IV, and V should be completed by the claimant (a parent or legal guardian if under age 18). Please do not leave any questions blank as this will delay the processing of your claim.
5. Itemized Bills (i.e., HCFA 1500 / UB04) must be submitted. Itemized Bills provide the dates of service, the procedure codes, the diagnosis and the charge(s). "Balance Due" bills are not acceptable because they do not provide all the information needed to properly examine a claim.
6. Submit copies of the Explanation of Benefits (EOB) statements from your own healthcare plan. The EOB's will show how much your healthcare plan paid for the services rendered and the amount which is your responsibility. There should be an EOB for each Itemized Bill you have submitted for reimbursement.
7. Mail, fax, or email the fully completed claim form, each itemized bill and the corresponding EOB to the following address (include the policy number on all correspondence):

Special Risk Services

P.O. Box 31156

Omaha, NE 68131

[SpecialRisk.claims@mutualofomaha.com](mailto:SpecialRisk.claims@mutualofomaha.com)

Fax: 402-351-4732

Claim Inquiries: 800-524-2324

**Please remember, the policy is an Excess Accident insurance policy. It does not provide reimbursement for illness or for injuries that are not the result of a covered accident. Coverage is subject to policy's terms, conditions and exclusions. The policy has a deductible which is the claimant's responsibility.**

# Commercial General Liability

|   |   |
|---|---|
| <b>Insurance Company:</b>               | State National Insurance Company  |
| <b>Effective Date:</b>                  | April 1, 2023 – April 1, 2024   |
| <b>Policy Number:</b>                   | OVR-0000007-01  |
| <b>Named Insured:</b>                   | United States Premier Hockey League, LLC and its member associations, leagues, clubs, teams, players, coaches and referees; however, except for United States Premier Hockey League, LLC, none of these are Insureds for liability arising out of their participation in games, practices, activities or operations not sanctioned or approved by United States Premier Hockey League, LLC. |
| <b>Coverage Description:</b>            | The Commercial General Liability policy protects the USPHL and its membership against claims involving bodily injury, personal injury, and property damage liability. Sexual Abuse & Molestation and Hired and Non-Owned Liability is also provided. Coverage subject to the policy's declaration, conditions, and exclusions.  |
| <b>Covered Activities:</b>              | USPHL Sanctioned and approved ice hockey events, office Premises, insured event set up and tear down periods, concession sales at insured events, ancillary activities such as occasional fund-raising events, dinners, awards, banquets, and planning sessions.  |
| <b>Limits of Liability:</b>             |   |
| General Aggregate                       | \$5,000,000   |
| Products/Completed Operations Aggregate | \$2,000,000   |
| Personal and Advertising Injury         | \$1,000,000   |
| Each Occurrence                         | \$5,000,000   |
| Damage to Premise Rented Limit          | \$300,000   |
| Medical Expense Limit                   | Excluded  |
| Participant Legal Liability Occurrence  | \$2,000,000   |
| Participant Legal Liability Aggregate   | \$3,000,000   |
| Neurodegenerative Injury Occurrence     | \$1,000,000   |



|                                    |             |
|------------------------------------|-------------|
| Neurodegenerative Injury Aggregate | \$2,000,000 |
| Sexual Abuse Occurrence            | \$1,000,000 |
| Sexual Abuse Aggregate             | \$2,000,000 |
| Hired and Non-Owned Liability      | \$1,000,000 |

**Notable Exclusions:** Coverage C Med Pay, Employment Practices Liability, Pollution, Lead, Asbestos, Radioactive Matter, Communicable Diseases, Unmanned Aircraft, Mold, Fungus, Bacteria, Silica, Carnivals, Circuses, Fireworks

**Blanket Additional Insureds:** As required by written contract or agreement. Others by request and endorsement, subject to underwriting approval.

## **General Liability - Claim Filing Instructions**

If you have been served a civil lawsuit or become aware of a circumstance you believe could likely result in a future liability claim, please contact your league director or Player’s Health immediately for further instruction. Do not delay.

## **General Liability – Certificate of Insurance (COI)**

Certificates of Insurance (COI) serve as evidence to the Certificate Holder (i.e., facility owner) that your organization has Commercial General Liability insurance for its operations. The CGL policy contains a blanket Additional Insured endorsement on the policy when required by written contract or agreement which extends Additional Insured status to the Certificate Holder.

To obtain a COI, please fill out a request at <https://landing.playershealth.com/certificates/> and make sure to include the following information:

1. Identify you are a member organization of United States Premier Hockey League
2. Provide your club and/or team name
3. Name and complete mailing address of the facility owner. Please double check with the facility owner for any specific requirements or special wording needed BEFORE requesting the COI.
4. Provide email address for person at the facility requesting the COI. The COI will be delivered via email to the person requesting the COI as well as the facility contact, if provided.

COI requests will be processed and emailed back to you within 48 hours, if not sooner.

# **Directors & Officers Liability and Crime Coverage**

## **Directors & Officers Liability**

The United States Premier Hockey League recommends member teams / clubs procure Directors & Officers (D&O) Liability coverage. D&O policies provide coverage for allegations of wrongful acts, misleading statements, breach of duty, errors, or omissions involving the governance of the organization's affairs to include Employment Practice Liability and Third-Party Wrongful Acts (i.e. discrimination, civil rights violations). These types of claims are not covered under the General Liability policy form. Teams/ clubs are responsible for carrying their own D&O policy. If you need assistance with purchasing a D&O policy, please reach out to Jack Ramsey at Player's Health. He can be reached at [jack.ramsey@playershealth.com](mailto:jack.ramsey@playershealth.com)

## **Crime**

The United States Premier Hockey league also recommends that teams / clubs procure Crime coverage to protect themselves against embezzlement of funds by an employee or volunteer. Contact our Jack Ramsey at [jack.ramsey@playershealth.com](mailto:jack.ramsey@playershealth.com) if you are interested in procuring the coverage.

## **Important Notice**

This document is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policies for complete information regarding coverage terms, conditions and exclusions.

## **About Players Health**

Players Health is a sports services organization that provides digital risk management services, reporting tools, and insurance to sports organizations to comply with the changing athletic environment and responsibilities. Players Health works towards creating the safest environment for athletes and views the health and safety of athletes as a priority in today's sports landscape. This requires creating and maintaining products that provide a circle of care for safety, trust, accountability, and accessibility for athletes. In doing so, Players Health is a company where mission drives the business and creates an environment where people are valued above all else. For more information on Players Health, visit [www.playershealth.com](http://www.playershealth.com).