

Insurance carriers vary from state to state

Policyholder:

Policy Number: XXXXXXXXXX

PLAN OF INSURANCE

Term of Coverage: From: 6/15/09 To: 6/15/10 **Activity Dates:** See Enrollment Form

Covered Activities: Policyholder sponsored and supervised practice and games

Aggregate Limit: \$1,000,000 Any One Accident

Eligibility: All sport team members. 100 % participation is required. See enrollment form for age groups and sports to be covered.

Effective Date of Individual Insurance: Each eligible person becomes an Insured Person on the later of: (a) the first day of the season for the sport they are participating in (see Enrollment Form) or (b) the date specified by the policyholder.

Benefits:

<u>Class</u>	<u>Insuring Provision Applicable</u>	<u>Benefit Provision(s) Applicable</u>
All	6773M - Sponsored Activities	6653M - AD / Specific Loss 6425M MO - Accident Medical

B. The amount of benefits for each Benefit Provision shown above is as follows:

Accidental Death & Specific Loss

Principal Sum
Loss Period

Rider 6653M

\$10,000.00
Loss within 365 days of Injury

Accident Medical Expense: Full Excess

Maximum Benefit Amount
Medical Deductible - CORRIDOR
Loss Period
Benefit Period

Rider 6425M MO/6925M

\$25,000.00
\$500.00
Initial treatment received within 30 days of Injury
Payable for 52 weeks from date of accident

The following are attached to and made a part of the coverage document:

Executed Enrollment Form
Aggregate Limit Rider 545MS-EZ
Full Excess Coverage Amendment Rider 6925M
Facility of Payment Amendment Rider 6926M
All Compliance and Mandated Benefit Riders as required.

This plan has a non-refundable minimum premium of \$300.00 per term. This minimum premium is fully earned on the date coverage

goes into effect.

SEE THE MEMORANDUM OF COVERAGE FOR COMPLETE INSURANCE DETAILS