

# Alaska Youth Soccer Association Coverage Summary

## Commercial General Liability Coverage

Policy Period: January 1, 2023 – January 1, 2024

Insurance Company: National Casualty Co. (AM Best Rating A+ Superior)

**Schedule of Named Insureds:** Alaska Youth Soccer Association and its member associations, leagues, clubs, teams, players, coaches, referees, directors, officers, ODP administrators, officials, employees and volunteers; however, except for the First Named Insured, none of these are Insureds for liability arising out of their participation in games, practices, activities or operations not sanctioned or approved by the First Named Insured.

## LIMITS OF INSURANCE

General Aggregate per Team/League \$3,000,000

Products/Completed Operations Aggregate \$1,000,000

Personal and Advertising Injury \$1,000,000

Each Occurrence \$1,000,000

Participant Legal Liability Each Occurrence (other than brain injury) \$1,000,000

Participant Legal Liability Brain Injury Each Occurrence\* \$1,000,000

Participant Legal Liability Brain Injury Aggregate\* \$3,000,000

Damage to Premises Rented to You Limit \$ 300,000

Medical Expense (Spectators Only) \$ 5,000

Sexual Abuse / Molestation Each Occurrence \$1,000,000

Sexual Abuse / Molestation Aggregate \$2,000,000

Non-Owned / Hired Auto Liability\*\* \$1,000,000

\* Limit is inclusive of defense costs.

\*\* For official business of the Named Insured only. No Coverage for any driver transporting soccer players.

Coverage Trigger: General Liability—Occurrence

Deductible: None

## Coverage is provided for:

Bodily injury

Personal injury

Athletic Participant liability

Spectator liability

Property damage liability

Volunteer liability

Activities necessary and incidental to the conduct of games or practices

Sponsored functions such as meetings, banquets, and fundraisers

Contractual liability

Hired and non-owned auto liability

Worldwide coverage if suits are brought in the United States

Host liquor liability

Athletic trainers used at tournaments (excess basis)

Office premises liability coverage automatically included for state office and your member affiliates

Volunteer (medical personnel) providing emergency medical services

**Covered Activities:**

Sanctioned and/or approved activities of the state association, office premises, insured event set up and tear down periods, concession sales at insured events, ancillary events held in conjunction with insured events and customary ancillary activities such as occasional fund-raising events, dinners, awards banquets and planning sessions.

**Notable Exclusions:**

Employment Practices Liability, Total Pollution, Lead, Mechanical Rides, Water Slides, Rodeos, Concerts, Fireworks, Bungee Operations, Climbing Walls, Communicable Diseases.

**Additional Insureds:**

Owners and/or Lessors of Premises, Sponsors, Co-Promoters, Lessors of Leased Equipment (single value under \$30,000), Medical Trainers, and Medical Personnel. Others by request and endorsement, subject to underwriting approval.

## **Excess Liability Coverage**

Policy Period: January 1, 2023 – January 1, 2024

Insurance Company: National Casualty Co. (AM Best Rating A+ Superior)

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Coverage Form: Following Form Excess

### **LIMITS OF INSURANCE**

Aggregate Limit \$5,000,000

Products/Completed Operations Aggregate \$5,000,000

Each Occurrence \$5,000,000

Sexual Abuse / Molestation Each Occurrence No Coverage

Each Occurrence / Molestation Aggregate No Coverage

### **Notable Endorsements:**

Employers Liability Exclusion, Directors & Officers Exclusion, Auto Follow Form Endorsement, Liquor Liability Exclusion, Mold Exclusion, Brain Injury Exclusion, Communicable Disease Exclusion, Sexual Abuse/Molestation Exclusion.

## **Excess Accident Medical**

Policy Period: January 1, 2023 – January 1, 2024

Insurance Company: Nationwide Life Insurance Co. (AM Best Rating A+ Superior)

**Schedule of Named Insureds:** Alaska Youth Soccer Association

**Description of Eligible Persons:** Athletic participants, including volunteers and staff, performing their normal duties at a covered activity.

**Covered Activities:** While participating in scheduled games, team practice sessions, or sponsored activities, provided they are under the direct supervision of a team official or at a sanctioned local or national tournament as a member of a contestant team. Includes organized and supervised group travel as authorized by the policyholder directly to and from a covered event.

Accident – Group Coverage DESCRIPTION		LIMIT (PER CLAIM)
Excess Accident Coverage Medical and Dental Maximum	\$2,000 Flat Deductible	\$100,000
Accidental Death Benefit and Dismemberment	N/A	\$5,000
Benefit Period 52 weeks	--	--
Physical Therapy/Chiropractic Limit	--	\$2,000 max \$50 per visit