

WILSON SPORTS INSURANCE SERVICES, LLC
Attn: John Wilson
43 Crown Road
Willow Park, TX 76087



Wilson Sports Insurance

HOW TO OBTAIN COVERAGE

1. Contact High School 7 on 7 or;
2. Complete the enclosed application and rating sections.
3. Mail forms and premium to:



Wilson Sports Insurance

WILSON SPORTS INSURANCE
43 Crown Road
Willow Park, TX 76087

For insurance questions please contact:

John Wilson @ 817-528-0759 or
john@wilsonsportsins.com



HIGH SCHOOL 7 ON 7

Sports Insurance Program



Wilson Sports Insurance

"We want to be part of your team!"

Tel: (817) 735-4554 Cell: (817) 528-0759 Fax: (817) 735-1996
Email: john@wilsonsportsins.com Web: www.wilsonsportsins.com

COVERAGE TYPES

Wilson Sports Insurance Services LLC
 CA License # OG10483 TX License # 926666
 AZ License # 943910 OK License # 40076104
 FL License # P180842 0814

COVERAGE RATING

General Liability Coverage

The policy helps protect your association, coaches, referees, volunteers, officers, directors and participants. This coverage is provided for *third party lawsuits* of negligence brought against your association during practice, play or tournaments for Bodily Injury and Property Damage.

The plan will help pay sums for which the Insured becomes legally obligated to pay as damages because of:

- ✓ Bodily Injury & Property Damage
- ✓ Participant Legal Liability
- ✓ Premises and Operations
- ✓ Personal & Advertising Injury
- ✓ Med Expense for Spectators Only

Defense and Legal fees are covered in addition to the policy limits provided

Property owners may be added as additionally insured without an extra charge.

Waivers and Releases **must** be on file and a copy **must** be submitted to the agency prior to binding.

Notable Exclusions: Employment related practices, Fungi or Bacteria, Pyrotechnics / Fireworks.

Exclusions: You must refer to the policy for complete information on policy conditions and exclusions.

HOW TO QUALIFY

This policy is written on a master policy. To qualify, all teams purchasing insurance must be registered with High School 7 on 7. The registration fee of \$5.00 is included in the insurance rating. **A complete roster must be sent with your application and payment.**

Policy Underwritten by:

 **PHILADELPHIA INSURANCE COMPANIES**
 PHILADELPHIA INDEMNITY INSURANCE COMPANY
 Rated A+ XIII (Superior) by AM Best

Excess Accident Coverage

The policy helps covers all players, coaches & cheerleaders against specific losses resulting directly from accidental bodily injury sustained while participating as a member in a scheduled game, official tournament or practice session, or while traveling directly to or from such game and practice session.

Accidental Medical Expense Benefit pays for reasonable medical expenses incurred as the result of injuries sustained in a covered accident up to policy limits chosen and subject to the deductible. Covers necessary medical or surgical treatment, services or supplies which are prescribed by the insured person's attending physician. The first expense must be incurred within 26 weeks of the accident and the last expense within two years of the accident.

"Reasonable medical expenses" means the amount of such expenses which are not in excess of the average charges made for medical or surgical treatment, services or supplies in the locality where it is received.

Notable Exclusions: intentionally self-inflicted Injury, suicide, or attempted suicide, whether sane or insane; war or act of war, whether declared or undeclared; Injury sustained while in the armed forces (land, water or air) of any country or international authority; Injury sustained while in or on, boarding or alighting from, being struck or run down by, any aircraft except as an airline passenger on an aircraft: (a) operated by a passenger airline on a regularly scheduled trip over its established route or that is chartered by that airline; or (b) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States or any national government recognized by the United States; medical services performed by any person retained or employed by the Team or Policyholder; repair, replacement, examination for prescriptions, or fitting of: (a) eyeglasses; (b) contact lenses; or (c) hearing aids; dental work or treatment on natural teeth which is not necessary for the repair or relief of Injury; cosmetic or plastic surgery which is not necessary for the repair or relief of Injury; repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration; repair or replacement of artificial limbs or orthopedic braces; Injury sustained while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician; Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges; Injury sustained as a result of the Insured Person's being legally intoxicated from the use of alcohol while operating a motor vehicle; expenses incurred for services, treatment, supplies or facilities rendered by: (a) the Policyholder's health service or infirmary; or (b) any Physician or nurse employed or retained by the Policyholder; hernia; expenses covered under any automobile reparations insurance (no-fault) or automobile insurance medical payments benefit.

Exclusions: You must refer to the policy for complete information on policy conditions and exclusions.

Policy Underwritten by:


THE HARTFORD INSURANCE COMPANY
 Rated A+ XV (Superior) by AM Best

COMPLETE ALL SECTIONS BELOW AND RETURN WITH THE PREMIUM CALCULATED IN ORDER TO OBTAIN COVERAGE.

General Liability Coverage - \$1,000,000 Occurrence, \$3,000,000 Aggregate, \$1,000 Spectator Medical Expense, \$0 Deductible
 Excess Accident Coverage - \$25,000 Accident Limit, \$2,500 AD&D, \$1,500 Dental Benefit, \$500 Deductible (per claim)

SECTION 1 - 7 ON 7 TEAM RATING

TEAM 7 ON 7 RATING - AGES 18 & UNDER

# OF TEAMS	RATE PER TEAM	TOTAL
	\$ 105.00	

SECTION 1 TOTAL: \$ _____

SECTION 2 - STATE QUALIFIER HOST TOURNAMENT RATING

STATE QUALIFIER TOURNAMENT RATING - AGES 18 & UNDER

# OF TEAMS (Max. 16 allowed per tournament)	RATE PER TOURNAMENT	TOTAL
	\$ 205.00	

SECTION 2 TOTAL: \$ _____

SECTION 3 - PREMIUM TOTALS

- a) Section 1 Total: \$ _____
 b) Section 2 Total: \$ _____
 c) Total Due (line a + b) \$ _____

Make amount payable to:

Wilson Sports Insurance Services, LLC

SECTION 4 - INSURED INFORMATION

1.) Insured Name: (7 on 7 name that will be shown on the certificate of insurance) _____

2.) Contact Name: _____

3.) Phone Number: _____

4.) Fax Number: _____

5.) Email: _____

6.) Address: _____

City: _____ State: ____ Zip: _____

Agent - John Wilson

Cut below line.