



MARSH

MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN



## OFFICIAL 2010-2011 INSURANCE PLANS

For Tackle Football, Flag Football and  
Cheerleading Activities

**Policy Year beginning August 1, 2010  
and ending August 1, 2011**

Available Only For Pop Warner Football & Cheer Programs

Pop Warner Little Scholars, Inc.  
586 Middletown Boulevard, Suite C-100  
Langhorne, PA 19047

Telephone: (215) 752-2691  
Facsimile: (215) 752-2879

If the Pop Warner Insurance Program is not selected, the LEAGUE is responsible for providing Pop Warner Little Scholars, Inc. a certificate of insurance prior to August 1, 2010 showing limits equal to or greater than the limits provided under the Pop Warner Insurance Program.

**General Liability: \$1,000,000 Each Occurrence  
\$5,000,000 General Aggregate  
\$1,000,000 Each Occurrence & Aggregate Sexual  
Abuse & Molestation**

**Excess Accident Medical Expense: \$100,000**

### **IMPORTANT NOTES: POP WARNER MUST ALSO RECEIVE THE FOLLOWING:**

- 1) A COPY OF THE ENDORSEMENT TO THE GENERAL LIABILITY POLICY EVIDENCING \$1,000,000 OF COVERAGE FOR SEXUAL ABUSE & MOLESTATION.**
- 2) A COPY OF THE ACCIDENT & HEALTH POLICY DECLARATIONS PAGE EVIDENCING ANNUAL COVERAGE FOR YEAR-ROUND CHEER SQUADS.**



## MEMO

TO: League and Association Contacts  
cc: League and Association Insurance Coordinators  
FROM: Jon Butler  
DATE: April 21, 2010  
SUBJECT: 2010 Team Insurance Rates

We've just received our new rates for Pop Warner's team insurance program for the 2010 season. Our carrier and broker have succeeded in obtaining reduced Medical and Liability rates for our tackle football teams for the 2010 season.

- As in prior years, Sexual Abuse/Molestation coverage is included in the General Liability policy with the same \$1,000,000 limit as the overall policy.
- Coverage for Assault & Battery is included in the General Liability policy.
- Real Property coverage is included for structures valued up to \$10,000.

We're extremely pleased with these rates especially since the Pop Warner insurance plan also includes coverage for:

- Host liquor liability.

If you've been comparing other insurance programs against Pop Warner's, we strongly recommend that you review several significant issues:

- The A. M. Best rating of the carrier (should be at least "A" rated if not "A+" or higher)
- Whether or not the carrier is authorized to do business in the state where your Pop Warner Association is located
- The limits of any Sexual Abuse/Molestation coverage, since many non-Pop Warner programs have a limit of \$25,000 compared to Pop Warner's \$1,000,000

One of the advantages of working so closely with our insurance companies is that we get regular updates on any liability issues, and especially on matters that occur more than once. Over the past few years, three areas of concern have arisen in non-Pop Warner policies, which you, your fellow Board Members, and your coaches should address:

- 1) Player vs. player exclusions in the policy. This means that there is no coverage for any players that are named in a lawsuit brought by another player. This exclusion does not exist in the Pop Warner program.
- 2) Coverage under some liability policies is "excess over any homeowners, tenants, personal liability or personal umbrella coverage available to any coach, manager, trainer and assistants, officials, referees, statisticians, scorers, groundskeepers, ushers, volunteer workers, participants and players." Coverage under the Pop Warner liability program is primary. This clause means that the personal insurance of the coaches and/or administrators would have to pay any damages first before the team/Association policy paid.
- 3) Some non-Pop Warner policies include an amendment or exclusion that adds the following activities as excluded activities - Cheerleading Pyramid Dismounts, Tosses, any competitive cheerleading or practice that is performed in conjunction with or preparation for a competitive cheerleading event. Competitive cheering is included in the Pop Warner program. Entertainers, such as a local high school or college squad, are excluded under some policies; however, such coverage is provided under the Pop Warner program.

Be careful to make sure that you are covered as well as your Pop Warner participants and parents. Remember that our office can not help follow up on claims, questions or other issues for any non-Pop Warner insurance.

Any questions, please contact our office!

## GENERAL INFORMATION – ALL INSURANCE PLANS

**Dates of Coverage:** Coverage for all insurance plans begins on August 1, 2010 or the day after the postmark date of the enrollment form, whichever is later. All insurance coverage ends August 1, 2011.

**Refund Policy:** Only refund requests written on the official stationary of the applicant, and received at Pop Warner headquarters on or before October 1, 2010 will be honored. The refund policy only applies to teams which did not actually form and never practiced.

**Associations:** If an association purchases Excess Accident Medical and General Liability Insurance on its own (i.e. not as a part of a LEAGUE), its LEAGUE must already be registered for the 2010 season. Associations may not register themselves by paying the tackle team rate as a means of meeting this requirement.

*Processing of Insurance Plan: The Excess Accident Medical Expense, General Liability, Inland Marine/ Equipment Insurance Plans are administered by member companies of American International Group, Inc.*

### Section I: Combined Excess Medical Expense & General Liability Insurance

#### General Liability Insurance

**Purpose of Coverage:** General Liability Insurance covers claims for legal liability arising from bodily injury, property damage, and personal injury. There is a \$1,000,000 per occurrence limit and a \$5,000,000 aggregate limit. There also is an option to increase the per occurrence limit to \$2,000,000. See enrollment form for rates.

#### **Who is Protected**

- A. **Insured:** Coverage is provided for the insured League, Conference, or Association, its insured teams, sponsors, volunteers, managers, coaches, game officials, and other managing personnel and auxiliaries, while acting on behalf of the insured League, Conference, or Association, or one of its insured teams during Pop Warner sponsored events.
- B. **Additional Insured:** Coverage as an "Additional Insured" will also be afforded to playing facilities such as those owned by cities, municipalities, school districts, etc. Coverage for Additional Insureds may be requested on Section VII of the application.

#### **Major Coverages Afforded by This Policy**

- Participants Legal Liability
- Sexual Abuse/Molestation (\$1,000,000 per occurrence / \$1,000,000 policy aggregate)
- Assault & Battery
- Ownership, maintenance, or use of football fields, stands, and playing areas by Pop Warner members
- All activities necessary or incidental to the conduct of practice, exhibition, scheduled and post-season games
- Consumption or use of food products
- Fund-raising, meetings, and awards banquets (must be Pop Warner sponsored events)
- Cost of investigation and defense against claims
- Liability assumed under insured written contracts
- Legal Liability for libel, slander, defamation of character, wrongful eviction, and invasion of privacy

#### **Major Exclusions in this Policy**

- The use of automobiles, buses, watercraft and aircraft

- Property of others in the care, custody, and control of the insured
- Injury or death of an employee

**Additional Insured Certificates:** Fields owners and qualified others may have General Liability coverage extended to them FREE OF CHARGE. However, in order to obtain this benefit, their complete names, addresses, and relationship to you (e.g. "field owner") must be listed on the "Certificates of Insurance" pages provided in Section VII of the Enrollment Form, **at the time you submit your enrollment form** to Pop Warner. All other requests must be made to Pop Warner: (215)752-2691

**This is only a brief description of the coverage available under this General Liability Insurance Policy. The Policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.**

## **Excess Accident Medical Expense Insurance**

**Eligible Persons:** All registered players and cheerleaders of insured teams of the Policyholder (Pop Warner Little Scholars, Inc./ Pop Warner) while participating in Pop Warner sponsored play, practice, try-outs, play-offs, approved banquets, meetings and fund raisers and all Pop Warner team coaches, managers, adult volunteers, and hired game officials.

**Covered Activities:** Insureds are covered while participating in 1) activities sponsored and supervised by Pop Warner; 2) traveling to, during or after such activities as a member of a group in transportation furnished or arranged by Pop Warner; and 3) traveling directly to or from the insured's home premises and the site of such activities.

**Excess Accident Medical Expense Benefits:** If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to \$100,000 (dental has a maximum of \$250 per tooth) per Insured for all Injuries caused by the same accident. This benefit is payable only for such charges incurred within 104 weeks after the date of the accident causing that Injury.

**Excess Accident Medical Deductible:** There is no deductible.

**Covered Excess Accident Medical Service(s)** - means any of the following services: 1) Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; 2) services of a Physician or a registered nurse (R.N.); 3) ambulance service to or from a Hospital; 4) laboratory tests; 5) radiological procedures; 6) anesthetics and the administration of anesthetics; 7) blood, blood products and artificial blood products, and the transfusion thereof; 8) physical therapy and occupational therapy; 9) rental of Durable Medical Equipment; 10) artificial limbs, artificial eyes or other prosthetic appliances; or 11) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Since this Policy provides only an **EXCESS ACCIDENT MEDICAL EXPENSE BENEFIT, THE INSURED MUST FIRST FILE THE CLAIM WITH THE INSURED'S EXISTING INSURANCE PLANS** (including major medical) before submitting a claim. If the insured has no other insurance in force, this Policy will pay for all Usual and Customary charges for Allowable Expenses. If an existing plan pays all Allowable

Expenses except for those not payable because of a deductible or coinsurance, this Policy will pay for such deductible or coinsurance.

**Accidental Death and Dismemberment Benefits:** If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

Loss of Life	\$10,000	Speech and Hearing in Both Ears	\$10,000
Both Hands or Both Feet	\$10,000	One Hand or One Foot	\$5,000
Sight of Both Eyes	\$10,000	The Sight of One Eye	\$5,000
One Hand and One Foot	\$10,000	Speech or Hearing in Both Ears	\$5,000
One Hand and the Sight of One Eye	\$10,000	Hearing in One Ear	\$2,500
One Foot and the Sight of One Eye	\$10,000	Thumb and Index Finger of Same Hand	\$2,500

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. **If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.**

**Aggregate Limit:** \$500,000 per accident

**Aggregate Limit:** The maximum amount payable under this Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit and Accidental Dismemberment Benefit. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Benefit Schedule. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined.

**Heart and/or Circulatory Benefit:** If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Policy will pay the Loss of Life benefit amount, \$10,000, provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, within the last five (5) years prior to the date of such participation in the Covered Activity, been medically advised that he/she has been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident, unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

**Weekly Accident Disability Benefit:** If, as a result of an Injury, the Insured team coach, manager, adult volunteer or hired game official is rendered Totally Disabled within 30 days of the accident that caused the Injury, the Policy will pay a benefit after 7 day(s) of Total Disability due to that Injury in any one Period of Disability. No benefit is provided for the first 7 day(s) of Total Disability in that Period of Disability. The amount of the benefit per week is \$50.00. It is payable weekly so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability, up to 26 weeks, from all Injuries caused by the same accident. The Company will pay benefits calculated at a rate of 1/7th of the weekly benefit for each day of Total Disability for which the Company is liable when the Insured is Totally Disabled for less than a

full week. Only one benefit is provided for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this Policy if the Insured had no earnings at the time of the accident causing the injury.

**Exclusions:** No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from or contributed to by, or as a natural and probable consequence of any of the following excluded risks (even if the proximate or precipitating cause of the loss is an accidental bodily Injury: 1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury; 2) sickness, or disease whether the loss results directly or indirectly from any of these; 3) the Insured's commission of or attempt to commit a felony; 4) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes; 5) declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy; 6) participation in any team sport or any other athletic activity, except participation in a Covered Activity; 7) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); 8) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer; 9) the Insured being under the influence of intoxicants; 10) the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician; 11) any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law.

**In addition, Excess Accident Medical Expense benefits are not payable for:** 1) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; 2) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule; 3) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; 4) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; 5) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); 6) personal comfort or convenience items, including for example, Hospital telephone charges, television rental, or guest meals; 7) an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit; 8) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

**Definitions:**

**Ambulatory Medical Center** - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Deductible** - means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured due to Injuries resulting from an accident before Accident Medical Expense benefits become payable due to Injuries resulting from that accident.

**Durable Medical Equipment** - refers to equipment of a type that is designed primarily for use, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used

by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Hospital** - means a facility that: (1) is operated according to law and which is licensed or approved as a hospital by the responsible state agency; (2) is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and (3) provides 24 hour nursing service by or under the supervision of a registered graduate professional nurse (R.N). A Hospital does not include: (1) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; (2) convalescent homes, convalescent, rest, or nursing facilities; or (3) facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

**Medically Necessary** - means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

**Injury** - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body occurs while the injured person's coverage under this Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Physician** – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; 3) retained by the Policyholder.

**Usual and Customary Charge(s)** - means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

**Date(s) of Coverage:** - Your insurance will become effective August 1, 2010, or the date on which your Enrollment Form and premium payment are received, whichever is later, and continues until the completion of the playing season as outlined above under "Covered Activities" but in no event later than August 1, 2011.

**This is only a brief description of the coverage available under this Excess Medical Expense Insurance Policy. The Policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.**

## **Section II: Cheer without Football**

Please refer to Sections I, IV, V, VI of this document.

## **Section III: Year Round Spirit Squads**

Please refer to Sections I, IV, V, VI of this document.

## **Section IV: Inland Marine/Equipment Floater Insurance**

**What is Protected:** Coverage is provided for all equipment, including uniforms, owned by the insured organization while stored in any designated building, including the homes of volunteers, while in transit from the designated storage location to and from activity sites.

**What is not Protected:** Money, Securities, Valuable Papers, Animals, Vehicles designed for highway use, ATV's, Aircraft, Watercraft.

**Losses Insured Against:** The policy covers multiple risks, including Fire, Lightning, Windstorm and Hail (excluding coastal areas within 15 miles of the coast), Riot, Civil Commotion, Vandalism, Malicious Mischief, Hurricane, Tornado, Burglary and Theft.

**Major Coverage Exclusions:** Governmental Action, Nuclear Hazard, Earth Movement, Flood, War and Military Action, Wear and Tear, Gradual Deterioration, Mechanical Breakdown, Insect, Vermin, Rodents, Corrosion, Rust, Dampness, Cold or Heat, Unexplained Disappearance, Dishonest or Criminal Acts of the Insured or its Agents, shortage found upon taking inventory, Damage from processing or work done upon the property.

**Designated Locations:** This insurance only applies to one designated storage location per application and certificate. If you have more than one storage location, you must submit a separate sheet for each designated location.

**Coverage Limitations:** **\$5,000 limit per any one item, subject to a limit of \$200,000 for all covered property in any one loss at all locations per association.** No coverage applies to items loaned or rented out to players, cheerleaders, volunteers, or any others. Transit coverage is included. The insured must have physical custody of its property for the coverage to apply. **Any item with a value greater than \$5,000 must be reported to the insurance company for individual underwriting.**

**Premium:** \$1.50 per \$100 of replacement cost value, subject to a minimum premium of \$100 per application.

**Deductibles:** A per claim deductible of **\$250** applies per loss. A \$1,000 deductible applies to each theft loss. A deductible of 5% of reported values with a minimum of \$1,000 applies for Wind and Hail losses for locations from 15 to 25 miles from the coast. **There is no coverage for Wind and Hail losses for locations from 0 to 15 miles from the coast. These conditions do not apply to California where there is full coverage for wind and hail.**

**Term of Coverage:** The policy period runs from August 1, 2010 to August 1, 2011. However, the insurance may be purchased at any time during the year.

**Valuation:** All equipment and property must be reported at its full replacement value. Coverage applies at 90% coinsurance, valued on an actual cash value basis (depreciated value).

**This is only a brief description of the coverage available under this Property/Equipment Floater Insurance Policy. The Policy may contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there is any conflict between the contents of this document and the Policy, or if any point is not covered in this document, the terms and conditions of the Policy will govern in all cases.**

## **General Liability & Inland Marine/Equipment Floater Insurance Claim Procedures**

- When there is an injury or a property/equipment loss, the Insured Person should complete an Accord incident report claim form which can be obtained from the [www.popwarner.com](http://www.popwarner.com) website.
- Mail, fax or email your completed **Accord incident report claim form to:**

**YORK Claims Service , Inc.**  
**99 Cherry Hill Road, Suite 102**  
**Parsippany, NJ 07054**  
**Attn: Jenai A. Russell, Manager**  
**Phone: (973) 404-1155**

**Email: [yorkclaimsintake@york-claims.com](mailto:yorkclaimsintake@york-claims.com)**  
**Phone: 1-866-391-9675 (YORK)**  
**Fax: (973) 404-1040**

- If there are any questions regarding a claim, call York: Toll Free number: 1-866-9675 (YORK)

## **Excess Accident Medical Expense Insurance Claim Procedures**

- When there is an injury, the Insured Person should then request a claim form from **NAHGA Claim Services** by calling **1-800-952-4320** or obtain a claim form from the [www.popwarner.com](http://www.popwarner.com) website.
- File all your medical bills with your **PRIMARY** health insurance company or family medical insurance provider. Be sure that you follow the guidelines of your **PRIMARY** health coverage plan (i.e., HMO, PPO, POS, etc.).
- Mail your completed Accident & Health claim form, itemized bills and Explanation of Benefits from your **PRIMARY** health insurance company to:

**NAHGA Claim Services**  
**PO Box 189**  
**Bridgton, ME 04009-0189**

If there are any questions regarding a claim, call: **NAHGA Claim Services: Toll Free number: 1-800-952-4320.**

## Section V: Directors & Officers Liability Insurance

### Limits of Liability

**OPTIONS:**

1. \$1,000,000 per loss with a \$2,000,000 annual aggregate.
2. \$1,000,000 per loss with a \$5,000,000 annual aggregate.
3. \$2,000,000 per loss with a \$5,000,000 annual aggregate

**(Note: The \$2,000,000 & \$5,000,000 annual aggregate are shared by all participating Pop Warner enrolled members.)**

### Legal Expense

Covers not only damages, judgments and settlement costs arising from legal liability suits but also the cost of defense (subject to policy limits.)

### Costs:

Option 1: Total Premium	\$210
Deductible	\$ 0
Option 2: Total Premium	\$260
Deductible	\$ 0
Option 3: Total Premium	\$340
Deductible	\$ 0

### Needed Protection

Almost anyone can bring legal action against a local youth league, its players and personnel for damages; including lessors and league members.

### Coverage Description:

A special form of liability that provides coverage for claims made against any past, present or future director, trustee, officer, employee or volunteer of Pop Warner Little Scholars for alleged or actual breach of duty, neglect, error, misstatement or omission.

### Major Coverage Afforded:

- Discrimination (age, race or sex)
- Acts beyond granted authority
- Wrongful dismissal, rejection or suspension of league personnel or players
- Failure to deliver services
- Libel, slander or defamation of character
- Failure to provide adequate insurance coverage for the league, players or personnel
- League vs. League Defense Cost sublimit - \$5,000/claim, \$50,000 policy cap (\$5,000/claim, \$100,000 policy cap if Increased Limit of \$5,000,000 is purchased)

### **\*\*Optional Combined D&O and Crime Limits Available:**

1. Limits of Liability	Crime/Fidelity Bond D&O	\$10,000 each loss \$1,000,000 each loss / \$2,000,000 each policy year.
<b>Total Premium</b>	<b>\$285</b>	
2. Limits of Liability	Crime/Fidelity Bond D&O	\$20,000 each loss \$1,000,000 each loss / \$2,000,000 each policy year.
<b>Total Premium</b>	<b>\$300</b>	
3. Limits of Liability	Crime/Fidelity Bond D&O	\$10,000 each loss \$1,000,000 each loss / \$5,000,000 each policy year.
<b>Total Premium</b>	<b>\$335</b>	
4. Limits of Liability	Crime/Fidelity Bond D&O	\$20,000 each loss \$1,000,000 each loss / \$5,000,000 each policy year.
<b>Total Premium</b>	<b>\$350</b>	

**Section VI:  
Crime Insurance/Fidelity Bond**

**Coverage Description:**

Coverage is provided for direct loss of money, securities or other property arising from Employee theft/dishonesty of money or securities; and safe burglary or robbery of other property. Please note that the policy states that a single act or series of acts involving one or more employees resulting in loss will be treated as a single occurrence.

Option 1:	Coverage limit	\$10,000 each loss/subject to Annual Aggregate of \$1,500,000.
	Deductible	\$0
	Premium	\$105
Option 2:	Coverage limit	\$20,000 each loss/subject to Annual Aggregate of \$1,500,000.
	Deductible	\$0
	Premium	\$120
Option 3:	Coverage limit	\$50,000 each loss/subject to Annual Aggregate of \$1,500,000.
	Deductible	\$0
	Premium	\$145