

## DAY CAMPS OFFICIAL 2010 INSURANCE PLANS

For Tackle, Flag Football and  
Cheerleading Day Camp Activities

**For Policy Year beginning June 1, 2010  
and ending June 1, 2011**

Available Only For Pop Warner Football & Cheer Day Camp Programs

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

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

**There is a minimum premium of \$250 per camp.**

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

\*\*\*\*An approved Event Request Form must be sent with this Application\*\*\*\*

**ENROLLMENT FORM FOR 2010 POP WARNER DAY CAMPS INSURANCE PROGRAM**

**IMPORTANT NOTICE:** When any type of insurance is purchased by a LEAGUE on its own behalf and/or on behalf of its member associations (teams), this form must accompany the LEAGUE Annual Registration Form or the LEAGUE must already be registered with Pop Warner Headquarters for the 2010 Season. If the Applicant is an association acting on its own behalf (i.e. not as part of an LEAGUE application), the association must make sure its LEAGUE is already registered. If the LEAGUE has not yet registered, processing of the association's enrollment will be held up until the LEAGUE registers.

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**SECTION I IDENTIFICATION**

Name of League: \_\_\_\_\_

Association's Full Name: \_\_\_\_\_

Insurance Coordinator's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Insurance Coordinator's Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Coordinator's Telephone Numbers: Daytime: (    ) \_\_\_\_\_

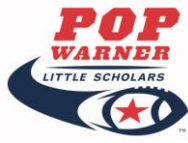
Evening: (    ) \_\_\_\_\_

Best Time: (    ) \_\_\_\_\_

FAX Number: (    ) \_\_\_\_\_

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

**SECTION II - POP-WARNER FOOTBALL AND CHEER DAY CAMPS (Excess Accident Medical Expense & General Liability Coverage)**



Coverage Period: 06/01/10 to 06/01/11

<u>COVERAGE</u>	<u># of Participants</u>	<u>Rate</u>		<u># of Days</u>		<u>TOTAL</u>
*Combined Excess Accident Medical Expense & General Liability	_____	X \$1.15	X	_____	=	_____
*There is a minimum premium of \$250 per camp. If the calculated premium is less than \$250, please add the difference here.						+
						_____
						_____

## EXCESS ACCIDENT MEDICAL EXPENSE INSURANCE

**Eligible Persons:** All registered players and cheerleaders, staff members and volunteers of the Policyholder (Pop Warner Little Scholars, Inc./ Pop Warner) whose names are on file and for whom the appropriate premium has been paid.

**Covered Activities:** Insureds are covered while traveling directly without interruption to and from the Policyholder sponsored day camp; attending the day camp or participating in any regularly scheduled and supervised day camp 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 52 weeks after the date of the accident causing that Injury.

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

**Covered 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 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, \$25,000 shown below for that Loss:

Loss of Life	\$25,000	Speech and Hearing in Both Ears	\$25,000
Both Hands or Both Feet	\$25,000	One Hand or One Foot	\$12,500
Sight of Both Eyes	\$25,000	The Sight of One Eye	\$12,500
One Hand and One Foot	\$25,000	Speech or Hearing in Both Ears	\$12,500
One Hand and the Sight of One Eye	\$25,000	Hearing in One Ear	\$6,250
One Foot and the Sight of One Eye	\$25,000	Thumb and Index Finger of Same Hand	\$6,250

"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:** \$250,000 per accident

## GENERAL INFORMATION – ALL INSURANCE PLANS

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

**Refund Policy:** Only refund request written on the official stationary of the applicant, and received at Pop Warner headquarters on or before July 31, 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 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, Liability, Equipment Insurance Plans and Claims are processed by American International Companies®*

All administrative fees (and/or costs) are included in the costs/rates/premiums noted in the Day Camps Official 2010 Insurance Plans.

**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.

**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 or auto-eroticism; 2) sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these; 3) the Insured Person'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 Person 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 Person is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or 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 Person's employer; 9) the Insured being under the influence of intoxicants; 10) the Insured Person being under the influence of any narcotics unless taken under the advice of and as specified by a Physician; 11) the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment; 12) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attach; coronary thrombosis; aneurysm; 13) any condition for which the Insured is entitled to benefits under any Workers' compensation Act or similar law; 14) the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground; 15) any loss incurred while outside the United States, its Territories or Canada.

**In addition, 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.

**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 and 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 June 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 June 1, 2011.

**This is only a brief description of the coverage available under this 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.**

## LIABILITY INSURANCE CLAIM PROCEDURES

- When there is an injury, 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

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: 1-866-391-9675 (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 III – ADDITIONAL INSURED CERTIFICATE LIST

Information for additional insured certificate(s)  
Type or print the complete names and address of each qualified additional insured. Attach extra sheets as necessary.

\_\_\_\_\_  
Name of Requesting Association

\_\_\_\_\_  
Name of Certificate Holder

\_\_\_\_\_  
Address of Certificate Holder

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Name of Requesting Association

\_\_\_\_\_  
Name of Certificate Holder

\_\_\_\_\_  
Address of Certificate Holder

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Name of Requesting Association

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Name of Certificate Holder

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Address of Certificate Holder

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City, State & Zip Code

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Name of Requesting Association

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Name of Certificate Holder

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Address of Certificate Holder

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City, State & Zip Code

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Name of Requesting Association

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Name of Certificate Holder

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Address of Certificate Holder

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Name of Requesting Association

\_\_\_\_\_  
Name of Certificate Holder

\_\_\_\_\_  
Address of Certificate Holder

\_\_\_\_\_  
City, State & Zip Code

**Camp dates need to be shown on the application so they can be shown on the certificate.**

**Refund will be processed for unformed camps. No refunds for individual drops.**

**\*\*\* PLEASE ATTACH COMPLETE ROSTER \*\*\*  
Camps without rosters will not be accepted**

**METHOD OF PAYMENT**

Credit Card: *(Please circle)*      VISA      MasterCard      Discover

Card #	
Expiration Date	
Signature	

(Will not be processed without a signature)

Check      Attach check payable to POP WARNER LITTLE SCHOLARS, INC in the amount of the Total Payment Due. Send check and application for 2010 POP WARNER DAY CAMPS INSURANCE PROGRAM to:

**POP WARNER LITTLE SCHOLARS, INC.**

**586 Middletown Boulevard, Suite C-100  
Langhorne, PA 19047**