USAT CLUB PROGRAM
PARTICIPANT ACCIDENT SUMMARY OF INSURANCE
Effective 1/1/2020 – 1/1/2021

Named Insureds
Rostered member athletes and rostered volunteers of registered USA Triathlon of Colorado (USAT) clubs in good standing that are enrolled under the policy. 100% Participation is required (100% of club membership must be reported for insurance premium calculation purposes.)

Covered Activities
Member athletes and volunteers are covered while participating in Club Activities which are sponsored and supervised by the club, including swimming, bicycling, running and the additional sport disciplines pertaining to the sport of triathlon which have been approved by USA Triathlon of Colorado. Club Activities consist of practices, club meetings and fundraisers; must be officially scheduled by an officer of the participating club; and have a minimum of three (3) member participants. Club Activities do not include activities that are sanctioned or approved USAT events or competitive events open to the public which utilize timing equipment and present awards.

Coverage Summary
This policy provides accidental death, dismemberment and medical coverage to eligible clubs of USA Triathlon. Medical expense coverage is excess coverage, meaning it is secondary coverage to any other health insurance. If the participant has other coverage, claims must first be filed with that insurance company.

Schedule of Benefits
Accidental Medical Expense: Full Excess
Maximum Benefit: $25,000

Accident Medical Deductible:
$250 if you are covered by any other collectible Health Insurance
$1,000 if you are not covered by any other collectible Health Insurance

Loss Period: Initial treatment received within 60 days of Injury

Benefit Period: Medical Expense incurred within 365 day(s) after the date of the Accident causing Accidental Bodily Injury

*Corridor Deductible – regardless of the benefit amounts paid by other insurance providers, the stated deductible must be paid by the insured before benefits under this program are payable.

Accidental Death & Specific Loss
Principal Sum: $10,000

Loss Period: Covered Loss must occur within one (1) year after the Accident

Notable Terms & Conditions:
• Insurance applies only to Medically Necessary charges and services.
• Exclusion - Disease or Illness
• Exclusion - Suicide or Intentional Injury
• Exclusion – War, Service in the Armed Forces
• Exclusion - Aircraft / Aircraft Pilot or Crew
• Exclusion - Trade Sanctions
• Exclusion – Intoxication / Narcotic

Underwriting Company
Federal Insurance Company
Rated “A++ (Superior) by A.M. Best Company

How to File a Participant Accident Claim
When an injury occurs during an insured activity, an Incident Report Form should be completed and submitted to:

Insurance Office of America
1855 W. State Road 434
Longwood, FL 32750
Phone: 407.998.4274
Fax: 321.214.6552
Email: USATriathlon@ioausa.com

Upon receipt of an incident report form completed by the USAT Club representative, the injured party may contact the insurance company claims adjuster for additional assistance. The claims adjuster will request a completed Medical Claim Form and copies of related medical billings for evaluation and policy response as deemed appropriate.

The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage.