

**USAT CLUB PROGRAM**  
**GENERAL LIABILITY SUMMARY OF INSURANCE**  
Effective 1/1/2019 – 1/1/2020



**Named Insureds**

The following parties are included as Named Insureds under the USA Triathlon Club General Liability policy:

USA Triathlon of Colorado (USAT) clubs in good standing that have paid the appropriate premium and have been endorsed to the policy for their sponsored and supervised club activities including swimming, bicycling, running and the additional sport disciplines pertaining to the sport of triathlon which have been approved by USA Triathlon. Club members are insured while participating in sponsored and supervised club activities.

**Clubs will make best efforts to inform club members of the benefits of USA Triathlon annual membership and will share this with club members.**

**Covered Activities**

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

**Coverage Summary**

**General Liability:** This coverage protects your business from claims arising from alleged bodily injury, personal injury or property damage liability. Coverage payments can include judgments, attorney fees, court costs, or other related expenses.

**Premises / Operations:** This coverage is used to insure against claims arising out of your ownership, maintenance or use of premises including any operations that are in progress.

**Host Liquor Liability:** This coverage is used to insure against claims arising from the serving of liquor at meetings or functions as long as you do not sell, manufacture or distribute alcoholic beverages as a business.

**General Liability Limits**

Each Occurrence - Bodily Injury and Property Damage:	\$1,000,000
General Aggregate – <b>PER CLUB</b> :	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Products and Completed Operations Aggregate:	\$2,000,000
Damage to Premises Rented to You (7 Days or Less):	\$1,000,000
Participant Legal Liability:	INCLUDED
Medical Expense (any one person):	EXCLUDED

**Notable Endorsements**

- Additional Insured – Certificate Holders as required by written contract
- Additional Insured – Designated Person or Organization
- Additional Insured – Owners, Lessees, or Contractors – Scheduled Person or Organization
- Lack of Valid Waiver – Limitation of Coverage
- Participant Legal Liability Included with Player vs. Player Exclusion
- Care, Custody, and Control Exclusion
- Abuse / Molestation Exclusion
- Amusement Devices Exclusion
- Exclusion of Coverage Afforded Under Another Policy (USAT Association, Ironman, Coaches policy)
- Employment – Related Practices Exclusion

**Underwriting Company**

Philadelphia Indemnity Insurance Company  
Rated "A++ (Superior) XV" by A.M. Best Company

**How to Enroll in Coverage**

- Go to the USA Triathlon membership website (<https://membership.usatriathlon.org>) to register your club with USA Triathlon through your USA Triathlon annual membership
- Renew your club with USA Triathlon for \$50
- USA Triathlon will provide a link for you to purchase the additional club benefits package for the flat fee of \$100 per club which includes participation in both the USAT club insurance program and the USAT Club Website Network.
- Once payment has been confirmed, you will receive a link to register your club with Integro for the 2019 club insurance program and obtain insurance certificates.
- Click on the link provided by USAT. The system will ask if you are a current customer and login information if you are an existing system user.  
Please enter all of your contact information as appropriate.
- **Be sure to save your username (email address) and password for future certificate requests.**
- Answer all questions on the Insurance Enrollment Page. Hit Save & Continue
- Congratulations! Your enrollment is now complete.

**How to Issue a Certificate of Insurance**

Certificates of insurance can be generated by completing the following steps:

- Follow this link: [sport.integrogroup.com/usatriathlon](http://sport.integrogroup.com/usatriathlon)
- In the top right-hand corner of the main menu, please click 'LOGIN'
- Enter your email address and password and click 'LOGIN'.
- After logging into the system, scroll down to the bottom of the 'dashboard' page and click the "NEW CERTIFICATE" button.
- Select the policy type from the drop down menu and then the type of certificate needed (Evidence of Coverage or Additional Insured)
- Enter the third party requestor's name and address then click "SAVE".
- You will be redirected to the dashboard page where you can download, print or save your certificate by clicking the printer icon to the right of the certificate holder name.
- **NOTE:** Certificates of insurance cannot be deleted and/or revised once issued. If you need assistance with the certificate process or have a special certificate wording request, please email [sport@integrogroup.com](mailto:sport@integrogroup.com) or call 678-324-3300

**How to File a General Liability Claim**

When an injury, property damage or other accident occurs during a covered activity, an Incident Report Form should be completed and submitted to:

Integro Entertainment & Sport  
2727 Paces Ferry Road  
Building Two, Suite 1500  
Atlanta, GA 30339  
Phone: 678-324-3300 / Fax: 678-324-3303  
Email: [sport@integrogroup.com](mailto:sport@integrogroup.com)

If you are aware of an incident that may give rise to a liability claim under this policy or if you receive a legal summons or a letter from an attorney as a result of such an incident, please report this information immediately.

***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***



**Integro Entertainment & Sport**

2727 Paces Ferry Road, Building 2, Suite 1500  
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[sport.integrogroup.com](http://sport.integrogroup.com)  
Atlanta • Colorado Springs • London

# USAT CLUB PROGRAM PARTICIPANT ACCIDENT SUMMARY OF INSURANCE

Effective 1/1/2019 – 1/1/2020



## 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:

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Building Two, Suite 1500  
Atlanta, GA 30339  
Phone: 678-324-3300  
Fax: 678-324-3300  
Email: [sport@integrogroup.com](mailto:sport@integrogroup.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.*



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