

## 2019 DIXIE SOFTBALL, INC BLANKET ACCIDENT INSURANCE PLAN DESCRIPTION

Underwritten by: ACE American Insurance Company

ACCIDENT MEDICAL EXPENSE BENEFIT (FULL EXCESS)	ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT
Full Excess Accident Medical: \$250,000 Dental Limit Maximum: \$50,000 Deductible (per injury): \$0 Benefit Period: 2 years (104 weeks)	Accidental Death & Dismemberment \$5,000

### ELIGIBLE PERSONS

All registered players, coaches, scorekeepers, umpires, bat boys and girls, safety officers, managers, league officers, league Board of Directors, employees, and volunteers that participate on behalf of teams for which a premium has been paid.

### COVERED ACTIVITIES

Insured is covered while participating in a team or league activity including travel under adult (18 or over) supervision directly to or from such activity except that coverage will not apply to (1) Any team or league activity, which is contrary to the rules or directives of Dixie Softball, Inc. (2) activities on a team level that are not directly supervised by the Participating Organization or the Participating Organization's authorized team staff or that are contrary to league rule or directives (3) any scrimmages, tournaments, or other game play against non-Dixie Softball, Inc., teams unless such play is approved by the league president and follows Dixie Softball, Inc., safety rules and regulations.

### ACCIDENTAL DEATH AND SPECIFIC LOSSES – PRINCIPLE SUM (\$5,000)

If Accidental Death to the Insured occurs, we will pay 100% of the Principal Sum. If Injury to the Insured results, in any one of the losses shown below, we will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident. Time period for loss is 180 days.

Two or More Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb & Index Finger of the Same Hand	25% of the Principal Sum

### EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from: 1) intentionally self-inflicted Injury. 2) suicide or attempted suicide. 3) war or any act of war, whether declared or not. 4) service in the military, naval or air service of any country. 5) sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food. 6) piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline. 7) commission of, or attempt to commit, a felony, an assault or other illegal activity. 8) alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household. 2) Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances. 3) Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, hernia, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident. 4) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. 5) Mental and Nervous Disorders (except as provided in the Policy). 6) Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy). 7) Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy). 8) Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder. 9) Injury or loss contributed to by the use of drugs unless administered by a Doctor. 10) Injury or death to which a contributing cause is the Insured's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony, or that occurs while the Insured is engaged in an illegal occupation. 11) Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury. 12) Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by ACE American Insurance Company to be experimental; and (b) are not recognized and generally accepted medical practices in the United States. 13) Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices. 14) Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited). 15) Conditions that are not caused by a Covered Accident. 16) Participation in any activity or hazard not specifically covered by the Policy. 17) Any treatment, service or supply not specifically covered by the Policy.

This insurance does not apply to the extent that trade or economic sanctions, other laws or regulations prohibit ACE American Insurance Co. from providing insurance, including, but not limited to, the payment of claims.

***This brochure is for illustrative purposes only and not a contract of insurance.***

***The terms and conditions of coverage are set forth in the policy. Complete details may be found in the policies on file at the administrator's office.***

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