

AMATEUR ADULT TACKLE FOOTBALL (Except NY)



KEEP YOUR HEAD IN THE GAME
WE'LL KEEP YOU COVERED

GROUPROTECTORSM
Group Accident Medical Insurance



Nationwide[®]
is on your side

ACCIDENTS HAPPEN.

But that doesn't have to put you on the bench.

Let Nationwide® help. Our **GROU**PROTECTORSM accident medical insurance provides peace of mind that keeps the focus on the field. Our policy provides medical expense benefits as well as death and specific loss benefits to all players, coaches and volunteers.

Pick the coverage level that's right for your group

GrouProtector offers both primary and excess medical plans. Which one's right for your group?

Primary medical plan

- Ideal for groups with participants generally not covered by other insurance
- Typically the first plan to pay claims after a covered event
- Pays covered expenses regardless of other insurance coverage
- Payments from other insurance coverage may be reduced as needed

Excess medical plan

- Ideal for groups with participants generally covered by other insurance
- Typically the last plan to pay claims after a covered event
- Will not pay covered expenses to the extent paid by other insurance coverage
- Essentially pays for other plans' deductibles and coinsurance
- Also pays remaining expenses after benefits exhausted from other plans

The availability of primary and excess plans varies by coverage level. See the rate sheet for more details.

Any deductibles for excess coverage must be paid out-of-pocket and cannot be paid for by other insurance plans.

What members of your group are covered?

You are required to pay premium for 100% of the players. For no additional cost, the following group members are covered automatically:

- Managers
- Coaches
- Cheerleaders
- Officers
- Official volunteers designated by officers

If an entire league of teams is insured under one policy, the following individuals are also covered:

- Umpires or referees
- Official scorers and timers
- Player agents
- Safety officers

What activities are covered?

Coverage excludes public schools, colleges, universities, professionals and semi-pros. All scheduled, approved and supervised league or team activities are covered including:

- Practices
- Games
- Practices and games for any team/league sponsored clinics or all-star events
- Travel to or from the meeting place for any practice, game or clinic
- Trips or tours
- Fundraising drives
- Parades
- Picnics
- Concession stand operations
- Care of playing field

POLICY APPLICATION (please print or type)

which, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY -- Columbus, Ohio 43216**, will become a part of **SPECIFIED HAZARD INSURANCE POLICY NUMBER :** _____

Application for Sport: [X] Tackle Football - Adult (Except NY)

1. Name of Plan Sponsor: _____
(Group's Name)

Permanent Mailing Address: _____
(Number) (Street) (City) (State) (Zip) (County)

2. Policy Term: The policy term (for the standard season premium rates shown in the brochure, do not exceed 6 straight months) starts as **12:01 a.m.** on _____ which is the effective date and ends at **12:01 a.m.** on _____ which is the termination date.

3. Team Name(s)	
1.	
2.	
3.	
4.	
5.	

Team Name(s)	
6.	
7.	
8.	
9.	
10.	

If additional space is required, use a separate sheet.

4. Maximum Benefit Amounts -- the word "None" means the benefit is not included.

Benefit Provisions	Maximum Benefit Amounts
	Class 1 -- Excess Plan
ACCIDENTAL DEATH AND SPECIFIC LOSS (Face Amount)	\$15,000
MEDICAL EXPENSE - Accident	
Deductible	\$500
Overall Maximum	\$25,000

5. Premium Rates

Age Class	State	Gross Rate per Player	Discount of _____% for Insuring _____ Teams	Net Rate per Player	Number of Players	Total Premium Due
18+	AR, FL, GA, LA, MS, NC, OK, TX & WV	\$241.60	-	=\$	X	=\$
18+	All other incl. DC (Except NY)	\$202.10	-	=\$	X	=\$
The minimum premium per policy term is \$175.00 .						\$

6. It is understood and agreed that: (a) the premium will be paid for all team players (participants); (b) all eligible persons will be insured; and (c) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.

None

(Previous Policy Number)

(Date)

John Sadler - Sadler & Co, Inc. (800)622-7370

(Agent's Signature and Number)

sport4@sadlersports.com

(Agent's Email Address)

By _____
(Signature of Applicant)

(Printed Name and Title of Applicant)

(Address of Applicant)

(Phone Number of Applicant)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Medical Expense Benefit

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible (if any) shown in the application and not to exceed the overall maximum benefit amount, all covered expenses incurred within 3 years from such date.

Covered expenses mean the reasonable and customary charges for local (“local” not applicable in a CT contract) professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services and supplies provided or prescribed by a doctor:

- (1) hospital or surgical center care;
- (2) medical treatment;
- (3) nursing care provided by a licensed nurse;
- (4) X-rays and lab exams;
- (5) prescription drugs and therapeutic services and supplies;
- (6) dental treatment as a result of injury to sound, natural teeth (natural teeth in SC);
- (7) the following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
 - (a) physical, occupational, respiratory and speech therapy,
 - (b) the services of a home health aide; and
 - (c) medical supplies.

Coverage is provided under policy form No. GR-9041 et al.

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.

Death and Specific Loss Benefit

If, as a result of injury, an insured dies or suffers a specific loss within one year from the date of the accident causing the injury, we will pay a benefit as specified below (the one year limit does not apply to the loss of life benefit in a PA or WV contract):

Specific Loss	% of Face Amount
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment for all of the losses of an insured because of any one accident will not be more than the face amount shown in the application. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

Policy Exclusions and Limitations

We will not pay benefits for expenses incurred for:

- (1) the examination, prescription, purchase or fitting of eyeglasses, contact lenses or hearing aids; or
- (2) treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliates and for which no charge is normally made; or
- (3) care or treatment by a person who ordinarily lives in the insured’s home or is a parent, grandparent, spouse, brother, sister or child of either the insured or the insured’s spouse (if a NJ contract, care or treatment furnished by a member of the insured’s immediate family); or
- (4) diathermy, light, shortwave and other heat or physiotherapy treatments in excess of the first five of all such treatments while the insured is neither hospital confined nor under the care of a home health care agency. Nor will we pay benefits for loss or expenses resulting from:
 - (5) intentional self-destruction or an attempt at it, or intentional self-inflicted injury (if a MO contract, while sane);
 - (6) war or an act of war, declared or undeclared; or
 - (7) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

How do you apply and pay for coverage?

Complete ALL fields on the application. Be sure to sign and date where indicated. **We need to receive the completed application and premium payment BEFORE the desired policy effective date.**

APPLICATION OPTIONS

Mail the completed application to Sadler Sports Insurance, PO Box 5866, Columbia, SC 29250

E-mail: Scan the application and Premium Report, if applicable and email them to sport4@sadlersports.com. Include payment by filling out, scanning and emailing the ACH form or submit payment with a credit or debit card. If you prefer, you may mail a check (see below).

Fax: the application and Premium Report, if applicable, to 803-256-4017. Submit payment by credit or debit card, ACH, or if you prefer you may mail a check (see below).


PAYMENT OPTIONS

Pay by mail: Mail payment to Sadler Sports Insurance, PO Box 5866, Columbia, SC 29250


Pay by credit or debit card: Call (800)622-7370

Pay by electronic check (ACH): Call (800)622-7370 to request a form or email us at sport4@sadlersports.com and mail, fax or e-mail the ACH form with your application.

How do you contact us?

 1-800-622-7370
(8:00 a.m. – 5:00 p.m. ET, M-F)

 1-803-256-4017

 Sadler Sports Insurance
PO Box 5866
Columbia, SC 29250

 sport4@sadlersports.com



Underwritten by Nationwide Life Insurance Company.
Administered by K&K Insurance Group, Inc.
Nationwide, the Nationwide N and Eagle, Nationwide is on your side and GrouProtector are service marks of Nationwide Mutual Insurance Company.

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Fraud Warnings

(CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

(KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

(LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

(MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Please read these important notices and warnings

Be aware that all cases are subject to the acceptance of the risk. In addition, any case with premium of \$5,000 or more is subject to a review of prior claims experience.

This policy does not provide coverage for sickness or for legal liability.

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(NY) The insurance offered in this brochure is (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.