

# USA WEIGHTLIFTING SPORT ACCIDENT INSURANCE PROGRAM

***Limit of Insurance:***

\$50,000 Excess Accident Medical Maximum  
\$500 Per Accident Deductible  
\$10,000 Accidental Death & Dismemberment  
\$25 Physical Therapy Maximum - \$1,000  
\$25 Chiropractic Maximum - \$1,000  
\$250 Dental Maximum Per Tooth

***Insurance Carrier:***

ACE American Insurance Company

***Claims Administrator:***

AMERICAN SPECIALTY RISK & INSURANCE  
P.O. Box 459  
Roanoke, IN 46783  
Phone Number: (800) 566-7941  
Fax Number: (260) 673-1189

***Named Insured:***

USA Weightlifting, Inc.

***Covered Activities:***

All weightlifting activities including practices and competitions while supervised by a registered USA Weightlifting coach or official; however, coaches may not coach themselves.

## **DEFINITIONS**

***Accidental Medical Expense:*** When a covered injury to an insured requires treatment by a legally qualified physician, care given by a graduate nurse, confinement in a hospital, ambulance service to and from hospital, and services and supplies ordered by a physician, the company will pay the usual and reasonable expenses incurred in a Primary Excess or Full Excess basis, less the deductible up to the policy maximum. The first expense must be incurred within 90 days of the covered accident and any further expenses must be incurred within 52 weeks of the initial accident.

***Full Excess:*** The company will pay the covered expenses incurred which are in excess of those paid or payable to another maximum limit. Deductibles must be satisfied before benefits are paid.

***Accidental Death & Dismemberment:*** If covered injury results in loss of life, or loss of limb(s) or sight, the company will pay benefits per the schedule of the policy.

## **EXCLUSIONS**

Dental treatment, except as a result of injury to sound, natural teeth.

Services or treatment rendered by a physical, nurse, or any other person employed or retained by the insured for services or treatment rendered by a physician or nurse who is the insured or a member of his/her immediate family.

War or any act of war.

Replacement of eyeglasses or eye examinations for the correction of vision or fixing of glasses.

Any intentionally self-inflicted injury.

Injury for which the insured is covered under Worker's Compensation or similar law.

The insured's part in committing or attempting to commit a felony; or as a result of the insured's involvement in an illegal occupation.

That part of medical expenses for which mandatory automobile no-fault benefits are due.

Sickness or disease.

Charges which are not usual and reasonable for services in the geographical area where performed.

**Note: This is not intended as a complete list of exclusions. Other exclusions may apply. No coverage is extended and no representations are made of the policy. For actual terms, conditions and exclusions please refer to the actual policy.**