

**PROFESSIONAL SKATERS ASSOCIATION - COACHES PROGRAM  
PARTICIPANT ACCIDENT INSURANCE SUMMARY**

Effective 7/1/2018-7/1/2019



**Named Insureds**

Member coaches of the Professional Skaters Association who have paid a premium and been endorsed to the policy.

**Covered Activities**

While participating in Plan Sponsor sanctioned figure skating instruction such as strength and harness training, conditioning, ballet, modern/jazz dance, In-line skating, plyometrics, power/speed skating and or power hockey. Also, participation in PSA endorsed continuing education classes/seminars. Coverage includes while traveling directly, and without interruption, to and from a covered instructional activity and the Primary Insured Person's residence.

**Coverage Summary**

This policy provides accidental death, dismemberment and medical coverage to the covered persons. 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. This policy also includes a weekly indemnity benefit.

**Schedule of Benefits**

Accidental Medical Expense:

Maximum Benefit: \$25,000  
Accident Medical Deductible: \$1,000

Accidental Death & Specific Loss

Principal Sum: \$10,000

Loss Period: Loss must occur within six (6) months after the date of the Accident.

Overall Maximum: \$100,000

Weekly Accident Income

Benefit Amount: \$200

Loss Period: Starting thirty (30) days after the first day of disability for up to 52 weeks

**Notable Terms & Conditions:**

- Exclusion – Disease or Illness
- Exclusion – Suicide or Intentional Injury
- Exclusion – Incarceration
- Exclusion – War
- Exclusion – Service in the Armed Forces
- Exclusion – Specialized Aviation
- Exclusion – Owned Aircraft, Leased Aircraft or Operated Aircraft
- Exclusion – Aircraft Pilot or Crew
- Exclusion – Intoxication
- Exclusion – Narcotic

**Underwriting Company**

Nationwide Life Insurance Company  
Rated A+, XV by A.M. Best Company

**How to File a Participant Accident Claim**

When an injury occurs, an Incident Report Form should be completed and submitted to:

1712 Magnavox Way / P.O. Box 2338

Fort Wayne, IN 46801

Phone: 800-237-297

Fax: 312-381-9079

Email: [KK\\_PAClaims@kandkinsurance.com](mailto:KK_PAClaims@kandkinsurance.com)

Upon receipt of an incident report form completed by the appropriate 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.

**\*\*Please keep a copy of all documentation and claim related information on file for claims handling purposes\*\***

*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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