

# 2010 Accident Insurance Application

Exclusive Offer for Members of the USPA



**In addition to the Liability Insurance already provided to you as a registered Playing or Student member of the United States Polo Association, Equisure would now like to offer Accident Insurance.**

### Policy Benefits Include:

- \$100,000 EXCESS Accident Medical Expense
- \$30,000 Accidental Death & Dismemberment
- \$250 per tooth Dental Maximum (per accident)
- \$150,000 Policy Aggregate Limit
- \$2,500 Deductible (per accident)

*Coverage applies only while the insured is participating in a sponsored club or USPA event.  
Please see Summary of Insurance page for additional information and exclusions.*

### Please circle one:

**RATES:** Players (Class I): \$25.00      Students/Juniors (Class II): \$17.00

*Class I: All registered adult participants of the USPA      Class II: All registered youth participants of the USPA*

**To obtain coverage, complete this form and mail with check, money order or credit card to: Equisure, Inc, 13790 E Rice Pl, Ste 100, Aurora, CO 80015. Coverage is in effect when this application and premium payment are received by our office and all documents have been approved by Underwriting.**

Name: \_\_\_\_\_ USPA Member # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

*Please provide email address to receive receipt of this form*

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code (3 digit code on back of card) \_\_\_\_\_ Card Type: VISA or Mastercard

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer: This coverage is provided by Equisure, Inc in cooperation with the United States Polo Association. This program is not a source of revenue for the USPA. The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy for all terms, conditions, limitations and exclusions. If there is any conflict between the coverage statements within this application and the actual insurance policy, the policy provisions will prevail.

***Faxed applications are acceptable if paying by credit card.***

Equisure, Inc 13790 E Rice Place, Ste 100, Aurora, CO 80015 Phone: 800-752-2472 Fax: 303-614-6967

[www.equisure-inc.com](http://www.equisure-inc.com)

12/09



# Accident - Summary of Insurance

For USPA Playing & Student/Junior Members

**Carrier:** American International Group

**Coverage:** Applies while you are participating in a sponsored club or United States Polo Association event only.

## Benefits

Accidental Death & Dismemberment Indemnity Loss Schedule will be extended to include the following:

### Table of Losses

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of one Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in the eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of a thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an insured as a result of the same accident, only one amount, the largest, will be paid.

## Benefits (continued)

**Please Note:** The following benefit reduction schedule will apply to participants over the age of 69:

Age on Date of Accident	% of Principal Sum
70 through 74	65%
75 through 79	45%
80 through 84	30%
85 and over	15%

### Accident Medical Benefits

The carrier will pay the usual, customary and reasonable expenses incurred by an insured person for services recommended and approved by a Physician and listed on the Schedule of Services below, which result from a covered injury sustained by an insured person, provided:

- The first such expense is incurred by an insured person within 90 days after the date of the accident;
- All expenses must be incurred by the insured person within 52 weeks after the date of accident resulting in injury
- The maximum amount payable under this section for all such expenses incurred as the result of any one accident shall not exceed the maximum amount shown on the schedule of benefits.

### Schedule of Services

- Charges for semi-private Hospital room and board, use of the operating room, emergency room and ambulatory medical center.
- Fees of Physicians;
- Medical Expenses, in or out of hospital, including: laboratory testis, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anesthetics (including administration of anesthetics), transfusions, artificial limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
- Charges of a registered Nurse (R.N.)



## Exclusions

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self –inflicted injury.
2. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. The Insured's commission of or attempt to commit a felony.
4. Declared or undeclared war, or any act of declared or undeclared war.
5. Participation in any team sport or any athletic activity, except participation in a Covered Activity.
6. Full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty, (unearned premium will be returned if the Insured enters military service).
7. Travel or flight in or on, (including getting in or out of, or on or off of), any vehicle used for aerial navigation, if the Insured is:
  - a. Riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
  - b. Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. Any condition for which the Insured is entitled to benefits under Workers' Compensation Act or similar law.
9. The insured being under the influence of any narcotics or intoxicants, unless administered on the advice of a Physician.

## DEFINITIONS

**Ambulatory Medical Center-** means a licensed facility providing ambulatory, surgical or medical treatment, other than Hospital, clinic or Physicians office.

**Group Travel-** means travel authorized by a travel plan that has been officially drawn up and implemented by a participating league or conference. It does not include informal transportation such as that provided by a parent who transports his own child and/or more participants to a covered event without being authorized by the official travel plan.

**Hospital-** means a facility which: (a) is operated pursuant to law and is licensed or approved as a hospital by the responsible state agency; (b) is primarily engaged in providing medical care and treatment of injured or sick persons on an inpatient basis, for which a charge is made; (c) has 24 hour a day nursing service by or under the supervision of registered graduate professional nurses (R.N.'s); (d) is not a convalescent home, a convalescent, rest or nursing facility, a facility primarily for the aged, drug addicts, or alcoholics or a facility affording custodial or educational care.

**Injury-** means bodily injury caused by an accident and occurring while the Plan is in force as to the person whose injury is the basis of claim and which results directly and independently of all other causes.

**Physician-** means a licensed practitioner of the healing arts acting within the scope of his/her license to treat the injury that causes loss for which claim is made.

**Pre-existing Condition-** means any Injury or Sickness for which medical advice or treatment was recommended by or received from a Physician preceding the Insured's Effective Date.

**Usual, Reasonable & Customary (UCR)-** means the payment amount, as determined by the Company, for services rendered by a professional provider. The Company reserves the right of final determination of the amount payable for any service or supply;

The following is the basis for determination of UCR:

**Usual-** an amount a professional provider usually charges for a given service;

**Customary-** an amount which falls within the range of charges for a given service billed by most professional providers in the same locality who have similar training and experience.

**Reasonable-** an amount which is usual and customary or would not be considered excessive in a particular case because of unusual circumstances.

If the charge is in excess of the UCR, no payment will be made with respect to the excess; and the excess will not qualify as a Covered Expense under the policy.

Disclaimer: This is a summary of insurance only and does not guarantee coverage to anyone in possession of this document. The coverage descriptions in this proposal are abbreviated. You will need to refer to the policy for all terms, conditions, limitations and exclusions. If there is any conflict between the coverage statements within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

