



# USAT CLUB PROGRAM PARTICIPANT ACCIDENT SUMMARY OF INSURANCE

Effective 1/1/2024 – 1/1/2025

### Named Insureds

Rostered member athletes and rostered volunteers of registered USA Triathlon of Colorado (USAT) clubs in good standing that are enrolled under the policy. 100% Participation is required (100% of club membership must be reported for insurance premium calculation purposes.)

### Underwriting Company

US Fire Insurance Company  
Rated "A XIII" by A.M. Best Company

### Covered Activities

Member athletes and volunteers are covered while participating in Club Activities which are sponsored and supervised by the club, including swimming, bicycling, running and the additional sport disciplines pertaining to the sport of triathlon which have been approved by USA Triathlon of Colorado. Club Activities consist of practices, club meetings and fundraisers; must be officially scheduled by an officer of the participating club; and have a minimum of three (3) member participants. Club Activities do not include activities that are sanctioned or approved USAT events or competitive events open to the public which utilize timing equipment and present awards.

### How to File a Participant Accident Claim

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

USA Triathlon  
5825 Delmonico Drive  
Colorado Springs, CO 80919  
Phone: 719-597-9090  
Fax: 719-597-2121  
[sanction@usatriathlon.org](mailto:sanction@usatriathlon.org)

\*\*Please keep a copy of all documentation on file for claims handling purposes

### Coverage Summary

This policy provides accidental death, dismemberment, and medical coverage to eligible clubs of USA Triathlon. 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.

***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.***

### Schedule of Benefits

#### Accidental Medical Expense: Full Excess

Maximum Benefit: \$25,000

#### Accident Medical Deductible:

\$250 if you are covered by any other collectible Health Insurance  
\$1,000 if you **are not covered** by any other collectible Health Insurance

Loss Period: Initial treatment received within 90 days of Injury.

Benefit Period: Medial Expense incurred within 365 day(s) after the date of the Accident-causing Accidental Bodily Injury

\*Corridor Deductible – regardless of the benefit amounts paid by other insurance providers, the stated deductible must be paid by the insured before benefits under this program are payable.

#### Accidental Death & Specific Loss

Principal Sum: \$10,000

Loss Period: Covered Loss must occur within one (1) year after the Accident.

### Notable Terms & Conditions:

- Insurance applies only to Medically Necessary charges and services.
- Exclusion - Disease or Illness
- Exclusion - Suicide or Intentional Injury
- Exclusion – War, Service in the Armed Forces
- Exclusion - Aircraft / Aircraft Pilot or Crew
- Exclusion - Trade Sanctions
- Exclusion – Intoxication / Narcotic



### Insurance Office of America

1855 W. State Road 434  
Longwood, FL 32750  
407.998.4274 (Telephone)  
321.214.6552 (Fax)

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