



Provincial Women's Softball Association of Ontario

March 07, 2016

Guelph Ladies Softball League
C/o Christine Clark
16 Kensington Street
Guelph, ON N1E 3P4

Dear Christine

Enclosed please find a copy of the Certificate of Insurance for the upcoming softball season. We have also enclosed a copy of the PWSA Claim Procedures information sheet, which explains the steps necessary to follow in the event of an accident, together with a PWSA Accident Report Form. It is imperative that you contact us and inform us of any accidents. This must be followed up with a **completed accident report form** submitted to us **within 14 days** of the reported accident. Please note that the accident report form **is not** an accident claim. If an injured player finds they will need to make a claim you will need to contact us and request an accident claim form. Claims must be filed within ninety (90) days of the accident. Failure to comply with the above will result in all claims being denied. **Reminder leagues obtaining Liability Coverage only (\$30.00 per team) do not have accident coverage and these forms are not included.**

Please remember to forward your complete **list of players and coaches** once you have completed registrations or before your first games. It is appreciated if you provide us with your total numbers and different programs offered in your Association. These lists are of the **utmost importance** so that we can verify a player, if injured, is a registered member of your association; otherwise the Insurance Company will reject the claim. Please be sure to inform us of any changes to your lists either additions or deletions. **Failure to supply said information will result in insurance being cancelled with no refund, accident reports or claims will not be processed.**

Reminder all players 18 and under will be required to wear a batting cage on their batting helmet.

Please do not hesitate to contact us if you have any questions.

Regards:

Debbie DeMoel
P.W.S.A. Insurance Coordinator, Associated Teams
50 Capri Street
Thorold, ON L2V 4S8
Phone: (905) 227-7574
Email: jondeb50@bell.net

ATTENTION:

The information in this mailing is private and confidential, and only intended for the addressee. Should you receive this mailing by mistake, you are hereby notified that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and return without copying or opening it.

Provincial Women's Softball Association (PWSA)

Website: <http://www.ontariopwsa.com>

Facebook: <https://www.facebook.com/OntarioPWSA>

Twitter: <https://twitter.com/OntarioPWSA>

ALL SPORT INSURANCE MARKETING LTD.

INSURANCE SUMMARY

GENERAL LIABILITY COVERAGE: Covers team personnel (players, coaches, managers and trainers). The purpose of this Insurance coverage is to provide protection from a lawsuit of negligence from bodily injury or property damage.

- a) Limit: \$5,000,000.00 with \$250.00 deductible
- b) Directors and Officers (Wrongful Acts/Errors & Omissions)
Liability Limit: \$1,000,000.00
* Includes Provincial/Club/District Directors
- c) Insured: The Association and affiliated Clubs/Teams
- d) Additional Insures:
Officers, Directors, Coaches, Managers, Officials, Members, Volunteers and Employees
- e) Sponsors, Government Departments and Municipalities can be added as additional insures at a cost of \$50.00 per institution.
- f) Participant coverage is included in addition to Third Party exposure
- g) All appropriate riders included, such as Cross Liability, Non-Owned Automobile, Tenants Legal, etc.
- h) World Wide Coverage

ACCIDENT:

- a) Accidental Death and Dismemberment Limit \$10,000.00
- b) Permanent Total Disability \$20,000.00
- c) Accident Reimbursement Limit \$10,000.00
i.e.: costs not insured by Provincial Medical Plan -
e.g.: Medical Braces, Emergency Ambulance, Excess Physiotherapy,
Prescription Drugs for the injury, etc.
- d) Dental Accident Limit Up to \$ 5,000.00
- e) Fracture Indemnity From 50.00 to \$500.00

NOTE: Treatment under (c) and (d) must be completed within fifty-two (52) weeks from the date of each accident.

OUTSIDE YOUR PROVINCE

When traveling outside your Province additional coverage is required to cover accident/sickness medical expenses. This can be obtained by purchasing an "Excess Travel Medical" insurance policy through All Sport Insurance Marketing at 1-877-992-2288.

ACCIDENT REPORTING PROCEDURES
PWSA ASSOCIATED TEAMS

In case of an accident, please notify the PWSA Insurance Coordinator immediately:

Debbie DeMoel
PWSA Insurance Coordinator Associated Teams
jondeb50@bell.net
905-227-7574

A P.W.S.A accident report form **must** be filed with the Insurance Coordinator, indicating accident details, **within fourteen (14) days of the accident. Failure to submit an accident report form within 14 days will result in any subsequent claims being rejected.**

Accident report forms should be forwarded to the Insurance Coordinator at the following:

Debbie DeMoel
PWSA Insurance Coordinator Associated Teams
50 Capri Street
Thorold, ON L2V 4S8

If there are medical or dental expenses that are not covered by the player's Ontario Health Insurance or Dental Insurance, you should contact the PWSA Insurance Coordinator and request an official All Sport Insurance Marketing Ltd. Claim Form once the accident report form has been filed.

****NOTE: An accident report form is not a claim form. It is the responsibility of the team/association to contact the insurance coordinator if a claim form is required. Claim forms will not be provided if an accident report has not been filed.**

Claim and documentation must be received by All Sport Marketing Ltd. within ninety (90) days of accident.

NOTE: In the event of an occurrence which may result in a Liability claim, a written report must be forwarded immediately to the Insurance Coordinator as well as the PWSA Treasurer. This report should detail how, when and where the "occurrence" took place and to include name and addresses of any injured persons and of witnesses.

P.W.S.A. ACCIDENT REPORT FORM
Associated (Non-Affiliated Teams)

PLEASE PRINT

COMPLETE IN TRIPLICATE

1. NAME AND ADDRESS OF INJURED PARTY:

NAME: _____

ADDRESS: _____

CITY _____ PROVINCE _____ POSTAL CODE _____ PHONE # (WITH AREA CODE) _____

TEAM NAME: _____ ASSOCIATION: _____

2. NAME OF PARENT/GUARDIAN, IF INJURED PARTY IS A MINOR:

3. DATE OF ACCIDENT: _____

4. LOCATION OF ACCIDENT: _____

5. EVENT: _____

6. DESCRIBE HOW ACCIDENT HAPPENED: _____

7. SUSPECTED INJURY: _____

8. DO YOU SUSPECT INJURY TREATMENT WILL EXCEED WHAT IS PAID FOR BY YOUR ONTARIO HEALTH PLAN AND/OR DENTAL PLAN? YES: _____ NO: _____

Please print and sign name of Team Coach or Manager

Date

PLEASE RETURN TWO (2) COPIES OF THIS COMPLETED FORM TO:

DEBBIE DEMOEL
PWSA INSURANCE CO-ORDINATOR, ASSOCIATED TEAMS
50 CAPRI STREET
THOROLD, ON
L2V 4S8

Official Use Only:

Date Received _____

Date Medical/Dental Claim Form forwarded to injured party _____