

**OHIO HIGH SCHOOL ATHLETIC ASSOCIATION (OHSAA)
2009-2010 CATASTROPHIC ACCIDENT INSURANCE
GENERAL SUMMARY**

Again this year the Ohio High School Athletic Association (OHSAA) has purchased excess catastrophic accident insurance for the 2009-2010 school year, effective 8/1/2009. This plan is provided through American Specialty Insurance and Risk Services, Inc., of Roanoke, Indiana. Coverage is underwritten by Mutual of Omaha Insurance Company in Omaha, Nebraska.

ELIGIBILITY

All student athletes, student managers, student trainers, and student cheerleaders participating in interscholastic competition.

COVERED EVENT(S)

Eligible insureds are covered while participating in interscholastic competition authorized, sanctioned, scheduled or governed by the regulations of the OHSAA. Covered events include: tryouts, school-supervised practice, pre and post-game related activities (including award banquets), tournaments, and covered travel*, between the starting date and ending date of the respective sports season as determined by the OHSAA.

***Covered Travel** means team or individual travel, for purposes of representing the Participating School or Sponsoring Organization, that is to or from the location of a Covered Event and is authorized by the Insured Person's Participating School or Sponsoring Organization, provided the travel is paid for or subject to reimbursement by the Participating School or Sponsoring Organization. Covered Travel to a Covered Event will commence upon embarkation from an authorized departure point and terminate upon arrival at the location of the Covered Event. Covered Travel from a Covered Event will commence upon departing from the location of the Covered Event and terminate upon return to the authorized place from which such Covered Travel to the Covered Event began.

DESCRIPTION OF COVERAGE

Benefits are payable for Medical Expenses incurred by an Insured following a Covered Accident subject to: (a) the \$25,000 Covered Accident Deductible (it must be satisfied within 24 months from the date of the accident), (b) the 5 Year Maximum Benefit Period and (c) the Maximum Benefit Amount of \$500,000. Coverage is excess of other valid and collectible insurance.

Benefit Highlights include:

1. \$25,000 Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing Benefit.
2. \$100,000 Combined Home Health Care and Custodial Care Benefit per calendar year.
3. Special Expense: Modification of the insured's housing; purchase and/or modification of the insured's motor vehicle. \$100,000 maximum during the first five years following the date of the accident.
4. \$30,000 Adjustment Expense Benefit: expenses for training a member of the Immediate Family to perform Rehabilitative or custodial functions necessary to the care of the insured; travel expenses for Immediate Family members between their home and the insured's place of treatment; and lost earnings by the insured's parents, due to and in connection with a covered accident.
5. Ancillary Illness or Injury Expense Benefit: an injury which occurs or illness which is first diagnosed after an insured begins receiving benefits under this policy in connection with a covered accident, but which is unrelated to the covered loss.
The company will pay for covered expenses incurred: a) After the \$5,000 per calendar year deductible amount is satisfied; b) While the insured is totally disabled; and c) In connection with an ancillary illness or injury.
Covered expenses are payable per each ancillary illness or injury, not to exceed a combined maximum benefit of \$100,000 for all such ancillary illness or injuries.
6. College Education Benefit: Maximum college education benefit of \$50,000. The insured must commence study within 5 years after the date of the covered accident. The College Education Benefit will terminate at the earlier of: a) the date the Insured Person completes the requirements for any undergraduate degree; b) the twentieth (20th) anniversary of the date of the commencement or re-commencement of undergraduate study; and, c) the date the Maximum Aggregate Benefit has been met.
7. Catastrophic Cash Benefit: Maximum Benefit Amount of \$25,000 if an Insured, as the result of a covered accident, is in a coma, brain dead or paralyzed.

EXCLUSIONS AND LIMITATIONS

No benefits are payable for:

1. illness or disease or medical or surgical treatment thereof, including diagnosis, except:
(a) as may be specifically provided for in this policy; (b) as may result from an injury or sustained in a Covered Accident; (c) a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event; (d) the aggravation of a condition such as tendonitis, strains, sprains and other similar conditions caused by exertion while participating in a Covered Event;
2. bacterial infection, except infection of and through a wound accidentally sustained;
3. suicide or intentionally self-inflicted injury while sane;
4. an act of declared or undeclared war;
5. participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity;
6. travel or flight in or descent from any aircraft, unless the Insured is a passenger for authorized group or team travel on a regularly scheduled flight on a commercial airline; or is a passenger on an aircraft chartered solely for the purpose of travel which has a valid airworthiness certificate from the jurisdiction in which operated and which is being operated by a duly licensed pilot;
7. charges which exceed the Reasonable and Customary charges;
8. charges incurred for dental work unless the Insured sustains a Disablement which results in damage to his or her natural teeth;
9. charges incurred for television, telephone, water pitcher and other personal convenience items, or expenses for other persons, except as may be specifically provided for elsewhere;
10. charges incurred for services or supplies not specifically provided for in this policy;
11. charges which would not have been made in the absence of insurance or which the Insured Person is not legally obligated to pay;
12. charges incurred for cosmetic procedures, unless made necessary by a Disablement;
13. charges incurred for eyeglasses, contact lenses or hearing aids or for any examination or fitting related to these devices unless made necessary by a Disablement;
14. charges incurred for care, treatment or service, which is not Medically Necessary, to the diagnosis or treatment of a Disablement;
15. charges incurred for the professional services of a person who either resides with or is an Immediate Family member;
16. charges incurred for experimental or investigational treatment or procedures;
17. charges incurred for articles of clothing which are intended for use more than once;
18. treatment of a Disablement sustained as a result or consequence of being Intoxicated, as specifically defined in this policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
19. the use by the Insured of drugs or narcotics unless used as prescribed by a Doctor for a condition other than drug addiction;
20. routine medical examination and related medical services; or
21. charges which are recoverable from any other insurance policy, service contract, workers' compensation or other arrangements of insured or self-insured group coverage.

The above is a general summary of the insurance. The policy on file with the OHSAA contains all of the provisions, exclusions, and qualifications of the insurance benefits. If any discrepancy exists between this summary and the Policy, the Policy will govern and control the payment of benefits. Copies of the policy are available from the office of the OHSAA.

REPORTING OF POTENTIAL CLAIMS DURING POLICY PERIOD

If a student suffers accidental injury under the above described circumstances which might exceed \$25,000 in covered expenses within 24 months from the date of injury, contact the Administrator listed below and instructions for filing the school's claim will be forwarded to the school district.

For more details, contact:

American Specialty Insurance and Risk Services, Inc.
142 North Main Street
Roanoke, Indiana 46783
24-Hour Claims Number: 1-800-566-7941
OHSAA Contact Representative: Drew Smith, (800) 245-2744
Fax Number: (219) 672-8835
Web Site: www.amerspec.com