USA VOLLEYBALL
EVENT MEDICAL PROFESSIONAL LIABILITY PROGRAM
REPORTING PROCESS (INTERNAL)

- POLICY EFFECTIVE DATE: 12/1/2012-3/1/2014

- POLICY MINIMUM/DEPOSIT PREMIUM: $2,832.50 (includes Surplus Lines Tax)

- ENROLLMENT (BY EVENT): Prior to each participating event, the Event Organizer will notify USA Volleyball of its intent to participate in the program.

  ENROLLMENT FORM: Each event will submit a final list of all volunteer physicians and all other volunteer healthcare providers using the attached Enrollment Form. The form must be postmarked within 48 hours after the completion of the event. The form requires the name and specialty for each volunteer physician and all other volunteer healthcare provider. By completing the form, each volunteer physician and all other volunteer healthcare provider is certifying that he/she is a duly licensed, certified, or registered in the state where he/she is authorized to perform services within scope of practice. The name and specialty of each volunteer physician and all other volunteer healthcare provider must be listed for coverage to apply.

  The Event Organizer will submit the completed Enrollment Form and the applicable premium (see RATE STRUCTURE below) to USA Volleyball postmarked within 48 hours after the completion of the sanctioned event.

  RATE STRUCTURE
  Rates include all premiums, fees and surplus lines taxes. The following per provider rates apply:
  $56.00 Volunteer Physicians/Doctors*
  $20.00 All Other Volunteer Healthcare Providers**
  *Doctors shall include all medical practitioners, resident physicians, chiropractors and other licensed physicians in all specialties.
  **All other volunteer healthcare providers shall include physician assistants (PA), nurses, emergency medical technicians (EMT), paramedics, athletic trainers, physical therapists, and massage therapists.

- QUARTERLY REPORTING: On a quarterly basis, USA Volleyball will submit the Enrollment Forms to ESIX. ESIX will calculate the premium due (*taking into consideration the deposit premium paid at policy inception*) and send an invoice to USA Volleyball for payment. ESIX will submit the Enrollment Forms and appropriate premium to the carrier. The carrier will endorse the policy to include coverage for the applicable events under the program.

- QUARTERLY REPORTING DATES: 3/1/2013, 6/1/2013, 9/1/2013, 12/1/2013, 3/1/2014

- POLICY LIMITS OF LIABILITY: $1,000,000 Each Occurrence
  $3,000,000 Aggregate (Per Sanctioned Event)*
  Defense Costs – In addition to the Limit of Liability
  Deductible - None

- POLICY AGGREGATE LIMITS: Policy is not subject to an annual aggregate limit. Each event has its own aggregate limit.

- CERTIFICATES/EVIDENCE OF INSURANCE: By request, ESIX will issue a Certificate of Insurance as Evidence of Coverage for the enrolled event.