



**USA VOLLEYBALL**  
**VOLUNTEER EVENT MEDICAL PROFESSIONAL LIABILITY**  
**PROGRAM SUMMARY**



**COVERAGE HIGHLIGHTS:**

- **IN ORDER TO APPLY FOR COVERAGE, THE EVENT MUST BE SANCTIONED BY USA VOLLEYBALL.**
- **CARRIER:** The program is underwritten by Lexington Insurance Company, rated "A" (*Excellent*) by A.M. Best.
- **EVENT MEDICAL PROFESSIONAL LIABILITY COVERAGE:** Volunteer Event Medical Professional Liability Claims-Made coverage for volunteer physicians and all other volunteer healthcare providers providing support to participants, volunteers and spectators during sanctioned events.
- **NAMED INSURED:** USA Volleyball; Volunteer physicians and all other volunteer healthcare providers providing services in connection with sanctioned events enrolled in the Volunteer Event Medical Professional Liability Program. Event Organizers are included as insureds under the policy.
- **PRIOR ACTS COVERAGE:** Prior acts are covered provided there are no current pending claims, and the insured is not aware of any circumstance which could give rise to a claim, subject to applicable Retro Date.
- **ERP/TAIL COVERAGE:** Tail coverage is included as long as the master policy is in force. An automatic Extended Reporting Period of 1 year will apply after the termination of the program (provided the program has been in force for a minimum of three years).
- **LIMITS OF LIABILITY:** The policy is written with limits of \$1,000,000 per claim and \$3,000,000 aggregate (per event) subject to a **minimum** annual policy aggregate of \$5,000,000.
- **DEFENSE COSTS:** Coverage for defense is provided **in addition** to the applicable policy limits.
- **DEDUCTIBLE:** \$0 Deductible
- **OTHER INSURANCE CLAUSE:** The volunteer event medical professional liability coverage is secondary to any other available coverage, but is primary in the event that no other coverage exists. Volunteer physicians and all other volunteer healthcare providers will not be required to provide evidence of other insurance as a condition of enrollment.

**ELIGIBILITY REQUIREMENTS:**

- **ELIGIBLE EVENTS:** Coverage is provided for USA Volleyball Sanctioned Events that have submitted the required Enrollment Form and remitted the appropriate premium to USA Volleyball.
- **ELIGIBLE PERSONS:** All volunteer physicians and all other volunteer healthcare providers, including doctors (all specialties), physician assistants, chiropractors, nurses, EMT's/paramedics, athletic trainers, physical therapists, and massage therapists. **Volunteer physicians and all other volunteer healthcare providers who receive a small stipend and/or expense reimbursement are eligible for coverage under the program.**
- **CREDENTIALING/LICENSING REQUIREMENTS:** The volunteer physicians and all other volunteer healthcare providers must be licensed (in good standing) in the state where they normally practice/work. There is not a requirement to be licensed in the state where the event takes place.

**RATE STRUCTURE:**

Rates include all premiums, fees and surplus lines taxes.

- Volunteer Physicians \$56.00
- All Other Volunteer Healthcare Providers \$20.00

**ENROLLMENT/APPLICATION PROCESS:**

- **ENROLLMENT (BY EVENT):** The Event Organizer will submit the completed Enrollment Form and the applicable premium to USA Volleyball postmarked within 48 hours after the completion of the sanctioned event.

**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.

**To Request or Submit an Enrollment Form:**

USA Volleyball  
Phone: (719) 228-6800 / Fax: (719) 228-6899  
715 S. Circle Drive  
Colorado Springs, CO 80919

**For Coverage Questions:**

Entertainment & Sports Insurance eXperts (ESIX)  
Attn: Stephanie Kleinfelter - Ph: (678) 324-3300  
5660 New Northside Drive, Suite 640  
Atlanta, GA 30328