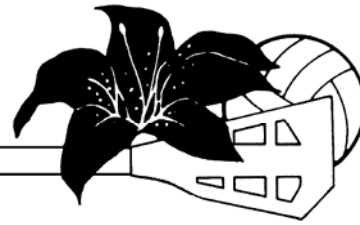


# SASKATCHEWAN BROOMBALL ASSOCIATION



2205 Victoria Avenue, Regina, Saskatchewan S4P 0S4  
Phone: (306) 780-9215 \* Fax: (306) 525-4009  
Email: saskbroomball@sasktel.net

## ACCIDENT & LIABILITY INSURANCE

The S.B.A. takes out a variety of types of insurance each season to ensure coverage for volunteers, participants, organizers, executive, and staff. The various types of insurance available include:

a. **Accident Insurance** - Medical and Dental Injury insurance coverage:

|   |          |
|---|----------|
| Loss of Life, Dismemberment or Loss of Sight      | \$25,000 |
| Permanent Loss/Dismemberment                      | \$50,000 |
| Prosthetic Devices                                | \$ 3,000 |
| Blanket Accident Reimbursement                    | \$25,000 |
| Rehabilitation                                    | \$ 5,000 |
| Tuition   | \$ 5,000 |
| Special Treatment Travel                          | \$ 2,500 |
| Out of Province Medical Accident (inside Canada)  | \$10,000 |
| Eyeglasses/Contact Lenses (resulting from injury) | \$ 200   |
| Emergency Transportation                          | \$ 50    |
| Blanket Dental                                    | \$ 2,000 |
| Dentures/Bridgework                               | \$ 2,000 |
| Fractures   | \$ 500   |
| Babysitting                                       | \$ 500   |
| Youth Wage Loss                                   | \$ 1,000 |

Details regarding Accident Insurance coverage is available from Henderson Insurance (306) 522-8528.

b. **Liability Insurance** – coverage includes:

|   |             |
|---|-------------|
| Commercial General Liability (Including participants<br>Liability and Non Owned Automobile Liability) | \$5,000,000 |
| Tenants “All Risks” Liability   | \$ 250,000  |
| Directors and Officers Liability (Wrongful Acts/<br>Errors and Omissions)                             | \$5,000,000 |

Details regarding Liability Insurance coverage is available from AON Reed Stenhouse Inc. (306) 569-6715

## Procedure for Claiming Benefits for Accidental Insurance

- Ensure all events causing the accident are noted in a descriptive report authorized by your coach.
- The injured party must have his/her coach and doctor (dentist) sign the claim form and describe the injury.
- Send the claim form and reports along with any copies of bills which were paid in advance of the settlement directly to Henderson Insurance, 3287 Quance St., Regina, Sask., S4V 3B7 or FAX 347-1087.

\*\* Please ensure you keep a copy for your personal records. You are not required to send a copy to the SBA office.

## Payment Procedure

- The insured amount will be returned directly to the injured party.
- It is the responsibility of the injured party to ensure payment is received and that the forms are processed properly. If you require assistance, please contact the S.B.A. Executive Director at (306) 780-9215.



#730-800 WEST PENDER STREET  
 VANCOUVER, BC V6C 2V6  
 TEL.: (604)685-0050  
 Toll free 1 800 993 6388  
 FAX: (604)669-1007

**NOTIFICATION OF CLAIM  
 ATHLETICS GROUP DEPARTMENT**

Full Name of Insured Person \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth D/M/Y \_\_\_\_\_

If a Minor, give Full Name of Parent or Guardian (Relationship)  
 \_\_\_\_\_

Name of Team or League For Which You Were Playing \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Date First Treated By Dentist (If applicable) \_\_\_\_\_

Explain, in Detail, How the Accident Occurred?  
 \_\_\_\_\_  
 \_\_\_\_\_

Was It During a Practice Period of Playing a League Game? \_\_\_\_\_ Where Game or Practice was Taking Place \_\_\_\_\_

Nature of Injury  
 \_\_\_\_\_

Name of Dentist or Doctor  
 \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

What Other Hospital, Medical or Dental Insurance Do You Have?  
 \_\_\_\_\_

Signature of Insured or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**CERTIFICATE OF TEAM MANAGER OR CLUB EXECUTIVE**

Name of Team/League/Association \_\_\_\_\_ Policy Number or Certificate Number \_\_\_\_\_  
 \_\_\_\_\_ SC10305 \_\_\_\_\_

What Sport is Team Engaged In? \_\_\_\_\_ Was He/She Injured While Playing in a League Game or in a Practice?  
 \_\_\_\_\_ BROOMBALL \_\_\_\_\_

Was the Above Player a Member At The Time of Injury? \_\_\_\_\_ On What Date Did He/She Join the Team?  
 \_\_\_\_\_

Signed \_\_\_\_\_ State Position in Club \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_