

EXCLUSIONS AND LIMITATIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following: 1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury. 2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning. 3. the Insured's commission of or attempt to commit a felony. 4. declared or undeclared war, or any act of declared or undeclared war. 5. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.) 6. participation in any team sport or any other athletic activity, except participation in a Covered Activity as defined by the policy. 7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the insured is: a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire. b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft. 8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law. 9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician. 10. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition. 11. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth (includes natural teeth that have been restored to their normal function) damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule. 12. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight. 13. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing. 14. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense). 15. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.

When an Insured is eligible under the policy for benefits in excess of other coverage and the Insured has other coverage that is primary under an HMO, PPO, or similar health service program, a penalty will apply if he or she does not use the facilities or services of the HMO, PPO, or similar health service program. In such case, the benefits otherwise payable under the Excess provision in the policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by an HMO, PPO, or similar health service program.

**CATASTROPHE
ACCIDENT PROGRAM
2011-2012**

SOUTH CAROLINA HIGH SCHOOL LEAGUE



LOCAL REPRESENTATIVE

SADLER & COMPANY, INC.
Post Office Drawer 5866
Columbia, SC 29250-5866
(803) 254-6311
(800) 622-7370
Email: Debbie@sadlersports.com

Plan Administrator:
THE MAK SIN GROUP
Two Aquarium Drive, Suite 200
Camden, NJ 08103
CALL TOLL FREE
1-800-375-6826

**Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY**

COVERED PERSONS

All enrolled students, coaches, managers, and trainers of member schools while participating in a covered activity.

COVERED ACTIVITIES

Covered activities include interscholastic practices, games and related events that are permitted by the South Carolina High School League, and approved and scheduled by the member school, and supervised by the proper adult authority of the member school. Covered activities also include gym classes, intramural sports, band, majorettes, and non-sport extracurricular activities that are approved and scheduled by the member school, and supervised by the proper adult authority of the member school. Travel directly and uninterrupted to or from the above in a vehicle designated by the member school and under the direct supervision of a licensed driver designated by the member school is also included.

COVERAGE

Full Excess Benefits are payable to the applicable maximum for Covered Accident Medical Services expenses that are not recoverable from another Plan Providing Accident Medical Expense Benefits. If the Insured is not covered by another Plan Providing Accident Medical Expense Benefits, the excess provision shall not apply, and benefits are payable to the limits described in this brochure.

\$5,000,000 ACCIDENT MEDICAL MAXIMUM

If, as a result of a covered Injury, an Insured, while insured for this Accident Medical Expense Benefit under the Policy, requires care and treatment rendered by a Physician, the Company will pay the Usual and Customary charges which are deemed Medically Necessary provided that the first expense for such Injury is incurred no later than 90 days after the date of the accident and the Deductible is incurred within 2 years after the date of the accident causing the Injury. This benefit is payable subject to the Covered Accident Medical Services provision up to the selected Accident Medical Expense Benefit Maximum Amount per Injury, Accident Deductible and the Maximum Benefit Period shown on the Addendum. No benefits will be paid for loss due to sickness or disease.

\$500,000 CATASTROPHE CASH BENEFIT

If a covered Injury to the Insured results in Paralysis or Coma within 180 days of the date of the accident that caused the Injury and continues for a Waiting Period of 6 consecutive months, is determined by a Physician to be permanent and irreversible at the end of the Waiting Period, and results in Disability, benefits will be paid as shown below. If Injury to the Insured results in Brain Death within 365 days of the date of the accident that caused the Injury and is determined and certified by a Physician, benefits will be paid as shown below.

TABLE OF LOSSES

Loss	Percent of Maximum Benefit Amount
Coma.....	100%
Brain Death.....	20%
Paralysis: Quadriplegia (Both Upper & Lower Limbs).....	100%
Paraplegia (Both Lower Limbs).....	100%
Hemiplegia (One Lower Limb & One Upper Limb)...	100%
Uniplegia (One Lower Limb or One Upper Limb).....	50%

Paralytic conditions not stated above will be paid in proportion with comparable severity to those described above.

A Lump Sum benefit will be paid based on the table up to \$100,000 after said conditions continue for 6 consecutive months. Thereafter, a monthly benefit of \$3,333.33 will be paid for the lifetime of the Insured, not to exceed 120 months, so long as the Insured remains Paralyzed, in a Coma, or has incurred Brain Death*.

***Lump Sum Benefit Amount Only**

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, benefits will be paid as shown below.

LOSS:	BENEFIT AMOUNT
Life.....	\$10,000
Both Hands or Both Feet or Sight of Both Eyes.....	\$20,000
One Hand and One Foot.....	\$20,000
One Hand and the Sight of One Eye.....	\$20,000
One Foot and the Sight of One Eye.....	\$20,000
Speech and Hearing in Both Ears.....	\$20,000

One Hand or One Foot or The Sight of One Eye.....	\$10,000
Speech or Hearing in Both Ears.....	\$10,000
Hearing in One Ear.....	\$5,000
Thumb and Index Finger of Same Hand.....	\$5,000

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Heart and/or Circulatory Benefit – If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation; and (2) such Insured has not, prior to the date of such participation in the Covered Activity, been diagnosed with, or has received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

Seat Belt and Air Bag Benefit – If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in an automobile and wearing a properly fastened, original, factory-installed seat belt, the Company will pay an additional benefit of \$5,000. In addition, if a Seat Belt Benefit is payable and the Insured is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact, the Company will pay an additional benefit of \$5,000.

DEFINITIONS

Injury means bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Usual and Customary Charges (U&C) means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, service or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Deductible means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured before Accident Medical Expense benefits become payable. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Insured means a person (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under the Policy.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder.

Coma means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Paralysis/Paralyzed means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

Brain Death means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

CLAIMS PROCEDURES – In case of accident, notify school immediately. Secure claim form from school, attach bill(s) to completed claim form and mail to address indicated on claim form within 90 days from date of Injury or as soon as reasonably possible.

This is only a brief description of the coverage available under Policy series C11695DBG-SC. The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.