DIVING PLONGEON CANADA

Insurance Information and Member Benefits

September 30, 2024 – September 30, 2025

Disclaimer:
The coverage details provided in this document are just a summary, and the full terms and conditions are outlined in the policy itself. If there's any difference between this summary and the official policy, the policy will always take precedence. This overview is meant to give you a general idea, but it doesn't cover every aspect of the insurance."

Detailed information about insurance coverage is found in Appendix A-Insurance Summary.

General Insurance Glossary

Deductible – An amount the Insured is responsible for paying themselves towards an insured loss.

Liability – Responsibility for bodily injury or property damage to another party.

Third Party – A third party is someone or an organization that's not part of the insured or the insurer. In liability insurance, the insurer steps in to help defend against any claims or lawsuits brought by these third parties

General Liability Insurance – This coverage helps protect the organization if someone gets hurt, suffers a personal injury, or experiences property damage due to the operations, activities, or products, or if an injury happens on the organization's premises. Essentially, this is a third-party insurance to safeguard the organization.

Errors & Omissions - Included as part of the general liability Insurance protects the Directors, Officers, Executives, Employees and Volunteers against professional liability for damages resulting from a negligent act, error or omission arising out of the conduct of your business. The Errors and Omissions insurance applies to "wrongful act" only.

Sport Accident Insurance – Provides reimbursement for out-of-pocket medical expenses incurred due to injury sustained during one of the organization's sanctioned activities. The individual must exhaust their provincial health plan and any private plan prior to receiving benefits under this policy as coverage is secondary to other health plan(s). Coverage is limited to activities in Canada.

Sport Travel insurance – Provides coverage for expenses incurred while traveling outside the country to participate in a DPC approved/sanctioned activity. The individual must pay out-of-pocket the expenses incurred and then submit a claim for a reimbursement. See detailed information about travel insurance coverage is found in Appendix B.

How the DPC Insurance Policy Works

Only members in good standing with DPC (registered under H2Oreg) have insurance coverage. The insurance is part of the fee that participants cover when registering in the system.
By purchasing insurance as a larger umbrella organization, DPC can help each member organization save money while providing a more comprehensive insurance

What is included in the DPC Insurance Policy?

<u>For Member Organizations</u>
Commercial General Liability – Protects member organizations in the event they are sued stating their negligence caused someone bodily injury or property damage (defense & payout)

- Compensatory damages, civil action
- $5,000,000 limit per incident, $2,500 deductible
- Volunteers are also covered for liability if named in the lawsuit (while working on behalf of the member organization)

Example of claim – Member at club practicing for a competition slips on pool deck and breaks their arm. Member sues club and coach stating that the coach was negligent in not providing proper supervision during practice thus causing the broken arm. Liability policy responds to provide a defense and monetary settlement of the claim.

Errors & Omissions Liability (Wrongful Acts) – This insurance protects all members and registered participants—such as Executives, Managers, Coaches, Officials, Employees, and Volunteers—from being financially responsible for mistakes (wrongful acts) they make while doing their duties. It only applies if someone sues them in a civil court for damages. It does not cover issues related to Human Rights complaints or other non-court-related matters. The insurance is automatically included for each club member, but it doesn't protect against problems related to employment disputes.

- Compensatory damages, civil action
- $3,000,000 per incident, $2,500 deductible

Example of claim - If a diving coach accidentally gives incorrect instructions that lead to an athlete missing an important competition, and the athlete's parents sue the coach for financial damages in civil court, this insurance would help cover the costs. However, if the issue is related to a human rights complaint, such as discrimination against the athlete, or an employment dispute with the coach, the insurance would not apply.

Abuse Liability (including defense expenses) – This insurance protects the organization against claims related to allegations of sexual, physical, or emotional abuse. It is specifically designed for situations where an individual associated with the organization—such as a coach, volunteer, or staff member—is accused of abuse.

For participants who are registered on H2Oreg

Liability – Protects participant in the event they are sued stating bodily injury or property damage (defense & payout)

- Compensatory damages, civil action
- $5,000,000 limit per incident, $2,500 deductible

Example of claim – Member at club practicing for a competition has a fight with another member and hits him with a chair. Member one sues the other member, the club and the coach. Liability policy responds to provide a defense and monetary settlement of the claim.

Sport Accident – coverage for registered individuals while actively involved in the sport for training, practices, and competition as well as team travel within Canada only.

- This is a secondary response plan- provincial health and any personal benefit plans respond first
- Covers out of pocket expenses - drugs, physiotherapy etc.
- Various limits, No deductible
- Note it provides extremely limited coverage for loss of wages

Example of claim – Member at competition falls on pool deck and fractures his arm. Member files a sport accident claim form and receives repayment of physiotherapy costs, a fracture indemnity and repayment for a required prescription

→ See Annex C - **incident report form**

→ See Annex D – **sport accident claim form**

Sport Accident Travel – coverage for registered individuals while involved in the sport for DPC approved training, practices and competitions outside Canada that have suffered an accident and require medical assistance:

- This is a secondary response plan-provincial health and any personal benefit plans respond first.
- 24 Hour Worldwide Assistance services are provided by On Call International.
- Covers out of pocket expenses – hospitalization, drugs, therapy, repatriation, etc.
- Various limits, No deductible
- This insurance also covers hospitalization, medications, ambulance, trip cancellation and interruption, lost baggage, lost/stolen passport, repatriation and rehabilitation. See Annex B – accident and medical benefits summary.

Example of claim – Member at an Invitational in USA falls on pool deck and fractures his arm. Member gets X-rays and hospital services outside Canada; upon return then files the incident report form and a medical expense claim form.

→ See Annex C – **incident report form**

→ See Annex E – **medical expense claim form**

Which activities are covered under the DPC Policy?
Sanctioned activities and events that support the sport of diving are covered when the people involved are registered participants of DPC through the National Registration System (H2Oreg).
This is an example of what is included:

- Competitions and camps in Canada that have been sanctioned by DPC (directly or by a Provincial Diving Organization on their behalf)
- Diving practices and training, both indoors and outdoors, that occur at a member organization training location or during a training camp. This includes recreational diving, learn to dive programs, sanctioned come try events, and all levels of competitive diving.
- Dryland training activities under the direct supervision of a qualified coach that occur at a certified gym location.
- Strength training under the direct supervision of a strength and conditioning coach that meets the minimum competency of education in this field
- Activities to develop and promote diving skills and expertise such as clinics, workshops and demonstrations for registered participants, coaches, and volunteers.
- Activities supporting diving through promotion of the sport such as displays, fundraising, or member organization's social events if the social events do not include activities that are excluded in the list below.
- For registered competitive divers, coaches and national/international officials, diving competitions outside Canada that have been approved and sanctioned by DPC.

What is NOT included in the DPC Insurance Policy?
Activities that may be happening at your organization that are NOT included or may require additional premiums to be paid:

- Other sport or recreational activity aside from specifically rowing related. This would include a multi-sport camp with other activities integrated.
- Social events that include alcohol are not be covered
- Competitions and events in Canada not sanctioned by DPC.
- Participating in camps, competitions or events outside of Canada that have not been
- sanctioned by DPC or registered with one of World Aquatics recognized National Federations.
- Errors and Omissions Liability does not provide coverage for employee related issues such as wrongful dismissal or other human rights related actions.
- Property Insurance to cover damage or loss of any type of equipment or property.
- Volunteers not directly involved in the sport are not covered by the Sport Accident Policy.
- Employees are not covered for loss of wages if injured on job (Minor coverage available if it takes place during sport activity but large risk to organization).

Each member organization is a separate legal entity when it comes to acquiring additional insurance to help mitigate your risks and are encouraged to do so in any manner that works for your organization.

How to process a claim or an incident
Communication about an incident that may result in a claim must be done within 30 days of the incident.

All incidents of any size or nature should have an incident report completed immediately as part of your safety protocol. Any incidents involving third party property damage, bodily injury or personal injury should be considered as a potential for a claim and those incident reports should be forwarded to DPC. The incident report form that must be completed (see Appendix B).

List of included documents:
→ Annex A – **Insurance summary**
→ Annex B – **Travel insurance summary**
→ Annex C – **DPC incident report form**
→ Annex D – **Markel Day sport accident claim form**
→ Annex E – **Sutton medical expense claim form (travel)**

Annex A

Diving Plongeon Canada

Insurance Renewal Program
Member Benefits

September 30, 2024- September 30, 2025

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Insurance Overview

Who is Insured?
The Insurance covers **Diving Plongeon Canada (DPC) and its "Members"** for all **"Sanctioned Activities"** authorized by **Diving Plongeon Canada**.

Definitions
"Members" shall mean a group or person who has fully paid all dues and fees and is in good standing with all requirements of **Diving Plongeon Canada**.
"Sanctioned Activities" shall mean all games, competitions, sports demonstrations including related practice and training, social and fundraising activities authorized by Diving Plongeon Canada and run by you or your 'members'. Authorization shall be granted by you by way of written procedural manual or specific agreement in writing by your authorized executives.

Insurance Coverages

1. Commercial General Liability

This coverage will pay those sums that the insured becomes legally obligated to pay as compensatory damages because of bodily injury to or damage to property of others, such as spectators, passers-by, property owners and others resulting from your operations or actions. Coverage includes your legal liability for injury to participants. Most General Liability policies contain an exclusion, which excludes suits resulting from participants who are injured while participating in a sporting activity. The coverage provided, also includes Injury to Participants that result from your association, member clubs, or individual members negligence.
The coverage includes at no additional cost, **Additional Insured's,** such as Municipalities, Government Departments, Sponsors and Owners of the Facilities in whose name you have agreed to provide insurance for their vicarious liability arising out of your operations.

2. Errors & Omissions (Wrongful Acts) Liability Coverage

This coverage protects the executives, employees and volunteers for consequences of their actions against suits alleging "wrongful acts". The coverage responds to "civil proceedings" (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage is automatically included for each member club. Errors & Omission does not cover against employment related issues.

3. Sport Accident Coverage

Provides coverage for "out of pocket expenses" due to an insured member/executive who has sustained an injury while participating in a **Sanctioned DPC Activity.** This coverage is applicable in Canada and is secondary to any other government health insurance plan.

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Coverage Overview

1. SPORTS LIABILITY INSURANCE

LIMIT: $5,000,000 per occurrence
DEDUCTIBLE: $2,500 per occurrence
POLICY#: CAS841441-02
TERM: September 30, 2024- September 30, 2025
INSURER: Markel Canada Ltd/ Certain Underwriters at Lloyds of London

2. SPORT ACCIDENT INSURANCE POLICY

LIMIT: Various
DEDUCTIBLE: N/A
POLICY#: CAS841441-02
TERM: September 30, 2024- September 30, 2025
INSURER: Markel Canada Ltd/ Certain Underwriters at Lloyds of London

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Sports Liability

Coverage	Deductible	Limit of Insurance
Commercial General Liability, Each Occurrence Limit	PD $2,500 BI $2,500	$5,000,000
Products / Completed Operations Aggregate Limit		$5,000,000
Personal & Advertising Injury	$2,500	$5,000,000
Voluntary Medical Payments – Third Party, any one person		$10,000
Tenants Legal Liability (any one premises)	$2,500	$2,000,000
Employers Liability Extension Aggregate Limit	$2,500	$5,000,000
Sports Errors & Omissions Liability Per Occurrence/ Aggregate Limit- Claims Made Retroactive Date: October 31, 2014	$2,500	$3,000,000
SPF 6 - Non-Owned Automobile		$5,000,000
SEF 94 – Legal Liability for Physical Damage to Non-Owned Automobiles	$1,000	$50,000
Legal Defence Expenses		$25,000
Designated Operations or Entities Exclusion		Included
Who is an Insured Amendment Sports Clubs & Association		Included
SEF 99 – Excluding Long Term Leased Vehicles		Included
O.E.F. 98B – Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement		Included
SEF 96 Contractual Liability Endorsement		Included
Additional Insured		Included
Professional Services Amendment- Sports, Health & Fitness		Included
Sanctioned Events Limitation		Included
Virus, Bacteria, Disease and Contagion Exclusion		Included
Abuse Liability- Claims Made Retroactive Date- May 1, 2023 Including defense expenses	$10,000	$500,000 Aggregate

1. **Notable policy exclusions include but are not limited to:**
   Aircraft And Watercraft, Liquor And Marijuana Liability, Products Recall, Access Or Disclosure Of Confidential Information And Data Related Liability, Asbestos, Cyber Incident, Employment-Related Practices, ERISA, Fungi Or Spores, Lead, Nuclear Energy, Organic Pathogens, Pollution Liability With Hostile Fire Exception, Professional Liability, Racing Activities, Radioactive Matter, Recording And Distribution Of Material Or Information In Violation Of Law (Anti-Spam), Silica, Terrorism, War Risks, as well as Sanctions Limitation Condition.

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Description of Liability Coverages

- **Participant Liability (Injury to Participants)-** Most General Liability policies include a Sports Participant Liability Exclusion, but in the broad form coverage with Markel, this coverage is included. This coverage protects the insured from claims arising from "bodily injury" and "property damage" in the event that an injured athletic participant files a lawsuit. This coverage also includes "Participant to Participant" Liability (Player versus Player) which protects the participant in the event that one player is sued by another player resulting from an injury.

- **Voluntary Medical Payments** - Reimburses others (third party) for their medical expenses if they are injured as a result of your activities up to $10,000.

- **Tenants Legal Liability** - Provides coverage for your legal responsibility for damage to premises that you rent in the course of your activities up to $2,000,000.

- **Non-Owned Automobile Coverage** - Indemnity to the Insured against the liability imposed by law upon the Insured for loss or damage arising from the use or operation of any automobile not owned in whole or in part by or licensed in the name of the Insured.

- **SEF – 94 – Legal Liability for Physical Damage to Non-Owned Automobiles** – provides physical damage coverage for vehicles that are rented/hired by the named insured.

- **Personal Injury** - Coverage against libel, slander.

- **Advertisers Liability** - Will protect the insured in the course of advertising your goods, products or services.

- **Cross Liability Clause** - This clause allows for additional insured's to sue, if necessary within the policy.

- **Employers Liability** - To protect the insured against the possibility of an employee suing for injury suffered in the course of their employment.

- **Premises, Property and Operations** - This provides coverage for the insured that is responsible in the scope of their operations against Bodily Injury and Property Damage claims for damages resulting from your negligence associated with owning or renting property and the day-to-day operations of your activities sanctioned by the OBA. Premises coverage does not extend to the operation of any indoor training facilities or clubhouses. Separate premises liability coverage would need to be purchased.

- **Products and Completed Operations** - This is simply a broader form of liability coverage normally associated with manufacturers and business.

- **Blanket Contractual** - This provides coverage for the insured when he/she signs a contract, which stipulates the legal responsibility of the insured.

- **Occurrence Basis Property Damage** - Again, this is just a broader type of coverage. Occurrence happens over a period of time, whereas, an accident wording is sudden and accidental.

- **Errors & Omissions (Wrongful Acts)** - This is an Errors & Omissions coverage which protects all registered members including Executives, Managers, Coaches, Officials, Employees, and Participants & Volunteers for compensatory damages as a result of their wrongful acts. The coverage responds to "civil proceedings" (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage is automatically included for each member club. Errors & Omission does not cover against employment related issues.

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Sport Accident Coverage

Coverages	Limits of Insurance	
Accidental Death And Dismemberment Limit	$50,000	Any One Insured
Accidental Medical Expense Limit	$15,000	Any One Insured
Accidental Dental Expense Limit	$10,000	Any One Insured
Aggregate	$1,000,000	Aggregate Limit

COVERAGE – SPORT PARTICIPANT ACCIDENT

1. Insuring Agreement

a. We will indemnify each Insured because of bodily injury or death arising out of an accident to which this Endorsement applies, up to a maximum per Insured of the benefit amount scheduled in this Endorsement. No other obligation or liability to pay sums or perform acts or services is covered.
b. This Endorsement applies to bodily injury only if:
i. The bodily injury is caused by an accident;
ii. The accident occurs during the policy period; and
iii. The accident occurs while the Insured is participating in or training for a sanctioned event.

2. Accidental Death And Dismemberment Benefits

a. Where an accident causes death or any of the following losses within 365 days of the accident, We will pay a percentage of the Accidental Death And Dismemberment Limit shown in the Declarations. The maximum amount We will pay for such loss in any one accident is as follows:

i. Death	50% any one Insured
ii. Loss of two or more limbs or total and irrecoverable loss of sight of both eyes or hearing in both ears or any combination thereof	100% any one Insured
iii. Loss of one limb or total and irrecoverable loss of sight of one eye or total hearing in one ear	75% any one Insured
iv. Loss of thumb and index finger	10% any one Insured
v. Quadriplegia (complete paralysis of both upper and lower limbs)	100% any one Insured
vi. Paraplegia (complete paralysis of lower limbs)	100% any one Insured
vii. Hemiplegia (complete paralysis of upper and lower limbs of one side of the body)	100% any one Insured
viii. Any bodily injury which prevents the Insured from engaging in any occupation or employment for which they are reasonably suited by education training or experience continuously for a period of 12 months from the date of the accident and is deemed to be permanent or irrecoverable	100% any one Insured

b. Benefits with respect to quadriplegia, paraplegia and hemiplegia require total paralysis of the limbs which shall have been continuous for a period of 12 months from the date of the accident and is deemed to be permanent and irrecoverable.
c. Indemnity provided with respect to items 2 a. i. through viii. will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured as the result of any one accident.

3. Schedule of Supplementary Benefits

The maximum We will pay for supplementary benefits per any one accident is a percentage of the applicable limit shown in the Declarations, or the amount shown in the Schedule below:

a. Accidental Medical Expense Reimbursement	100% of the Accidental Medical Expense Limit shown in the Declarations, any one Insured
i. Physiotherapist, chiropractor, osteopath	$100 per visit / $500 any one Insured

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b. Accidental Dental Expense Reimbursement shown in the Declarations, any one Insured	100% of the Accidental Dental Accident Limit
c. Prosthetic Appliances	$3,000 any one Insured
d. Rehabilitation Benefit	$3,000 any one Insured
e. Tuition Benefit	$2,000 any one Insured
f. Special Treatment Travel Expense Benefit	$150 per day / $1,000 any one Insured
g. Out of Province- Benefits (applicable only within Canada) Excess Surgical and Medical Accident	$10,000 any one Insured
h. Emergency Transportation Benefit	$50 any one Insured
i. Eyeglass & Contact Lens Expense	$100 any one Insured
j. Dentures, Hearing Aids and Removable Teeth Expense	$200 any one Insured
k. Fracture or Dislocation Benefit (including Greenstick Type Fracture)	Per below
i. of the skull (depressed)	$500 any one Insured
ii. of the skull (not depressed)	$500 any one Insured
iii. of the spine (one or more vertebrae)	$250 any one Insured
iv. of the lower jaw (alveolar process accepted)	$75 any one Insured
v. of the upper jaw	$75 any one Insured
vi. of the shoulder (dislocation)	$50 any one Insured
vii. of the clavicle (collar bone)	$75 any one Insured
viii. of the scapula (shoulder bone)	$75 any one Insured
ix. of the elbow	$50 any one Insured
x. of the hip	$125 any one Insured
xi. of the pelvis	$125 any one Insured
xii. of the thigh (femur)	$125 any one Insured
xiii. of the knee cap	$100 any one Insured
xiv. of the sacrum or coccyx	$100 any one Insured
xv. of the sternum	$50 any one Insured
xvi. of the leg (tibia or fibula)	$100 any one Insured
xvii. of the upper arm (humerus)	$100 any one Insured xviii.of the forearm (radius or ulna) $100 any one Insured
xix. of the hand or wrist (other than phalanges)	$100 any one Insured
xx. of the foot (other than phalanges)	$100 any one Insured
xxi. of the ankle	$50 any one Insured

4. Supplementary Benefits

a. Accidental Medical Expense Reimbursement

If an Insured sustains bodily injury as a result of an result of accident, and within thirty (30) days from the date of the accident causing such bodily injury, an Insured who is insured under a Canadian provincial or territorial government health insurance plan obtains medical treatment in Canada from a legally qualified Physician and as a consequence of such bodily injury incurs expenses for any of the following para-medical services when recommended by a legally qualified Physician, We will reimburse the Insured for the following reasonable and necessary expenses:

i. The services of a legally qualified physiotherapist, chiropractor or osteopath, limited to the amount specified on the Schedule Of Supplementary Benefits per accident;
ii. The services of a legally qualified registered nurse;
iii. The purchase of hearing aids (but not including repair or replacement of same);
iv. Crutches, splints, orthotic devices, trusses, medical braces, rental of wheelchair or hospital bed;
v. Prescription drugs, except in the Province of Quebec;
vi. Casts and cast materials;
vii. Licensed ambulance service;
viii. Hospital services not covered by any federal or provincial government health insurance plan. Splints, orthotic devices and medical braces required primarily for sports activities are not covered.

Reimbursement shall only be made provided that expenses are

i. Incurred in Canada;
ii. Incurred within fifty-two (52) weeks of the date of the accident causing bodily injury;

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iii. Incurred only for therapeutic and not elective treatment; and
iv. Supported by an original receipts submitted to Us as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.
The maximum amount payable under this section is 100% of the Accidental Medical Expense Limit shown in the Declarations per any one Insured.

b. Accidental Dental Expense Reimbursement
When a bodily injury to whole or sound teeth including filled or restored teeth requires and receives dental treatment commencing within 30 days of the date of the accident, and the Insured obtains treatment in Canada for such bodily injury from a legally qualified dentist or dental surgeon and incurs related dental expenses, We will pay for the necessary expenses for such treatment rendered within 52 weeks of the accident. Payments for all treatment rendered shall be limited to an aggregate of 100% of the Accidental Dental Accident Limit shown in the Declarations per any one Insured.
The following provisions also apply:
i. All expenses must be incurred in Canada;
ii. Any payments made under this section shall not exceed the amount specified in the schedule of fees in effect at the time of the accident as published by the dental association of the province or territory in which the Insured receives such treatment;
iii. Capped or crowned teeth shall be deemed as whole or sound teeth;

iv. No benefit will be payable for expense of dental treatment incurred for the cost of replacement, adjustment or repair of artificial teeth or dentures (except as otherwise provided herein), any orthodontic treatment, or any dental treatment provided solely for cosmetic or esthetic reasons.

c. Prosthetic Appliances
When prescribed by a physician or surgeon and purchased within 52 weeks of the date of accident, We will pay benefits for expenses incurred for artificial limbs and/or eyes up to a maximum of the amount specified on the Schedule Of Supplementary Benefits, for each bodily injury resulting in a loss requiring such an appliance. This does not include repairs, adjustments or replacement of same.

d. Rehabilitation Benefit
If an accident causes bodily injury to the Insured which requires that the Insured undergo special training in order to be qualified to engage in a special occupation in which they would have engaged except for such bodily injury, We will pay the reasonable and necessary expense actually incurred by any Insured but shall not exceed the amount specified on the Schedule Of Supplementary Benefits, nor shall payment be made for any expense incurred more than three years after the date of the accident, nor shall payment be made for room, board or other ordinary living, travelling or clothing expense.

e. Tuition Benefit
When, after 14 days from the date of the accident, a bodily injury shall disable totally and confine the Insured to their residence for a period in excess of 40 consecutive days. We will pay the expense incurred within six months from the date of the accident for tutorial services of a qualified teacher holding a current Provincial Ministry of Education Teaching Certificate for the grade attained by the Insured at a rate not to exceed $20 per hour. In addition, We will pay for rental of necessary equipment and required program software as suggested and approved by the Board of Education in which the Insured is in attendance. All benefits payable under this section are subject to an aggregate amount as specified on the Schedule Of Supplementary Benefits.

f. Special Treatment Travel Expense Benefit
If within 52 weeks of the date of the accident a bodily injury requires special treatment that cannot be obtained in the municipality of the Insured's residence We will pay up to a maximum of the amount specified on the Schedule Of Supplementary Benefits for travel expense incurred away from home.

g. Out Of Province Excess Surgical And Medical Accident Benefits
If bodily injury is sustained by an Insured outside the province in which they are normally domiciled, but inside Canada, and they shall within 30 days from the date of an accident necessitate the services of a licensed Doctor of Medicine, Osteopath or Chiropractor, and incur additional expenses such as surgical operations, hospital expenses, taking of x-rays, laboratory services or anaesthetist fees, We will pay for such charges for services outside the

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province of residence, but inside Canada, up to a maximum of the amount specified on the Schedule Of Supplementary Benefits, excess of the benefits available under any Canadian federal or provincial hospital and/or medical plan regardless of whether or not the insured person is enrolled in such a plan.

h. Emergency Transportation Benefit
If a bodily injury requires immediate medical treatment, We will pay the reasonable expense incurred in transporting the Insured to a doctor's office or nearest hospital other than by a licensed ambulance service subject to a maximum payment of the amount specified on the Schedule Of Supplementary Benefits.

i. Eyeglass And Contact Lens Expense (Resulting From Injury)
If bodily injury requires and receives treatment by a physician or dentist
i. and also results in the breakage of eyeglasses or loss or breakage of a contact lens or lenses of the Insured, We will pay the actual cost of repair or replacement of the eyeglassesor contact lens or lenses up to a maximum of the amount specified on the Schedule Of Supplementary Benefits, in respect to all such replacements or repairs during the term of this Policy; or
ii. results in the purchase of eyeglasses upon the advice of a physician when they were not required nor worn previously We will pay the reasonable and necessary expense thereof up to a maximum of the amount specified on the Schedule Of Supplementary Benefits.

j. Dentures, Hearing Aids And Removable Teeth Expense (Resulting From Injury)
If bodily injury requires treatment by physician or dentist within 30 days of the date of the accident and results in the breakage of dentures, hearing aids, or a removable artificial tooth or teeth of the Insured, We will pay the actual cost of repair or replacement of said dentures, hearing aid or artificial tooth up to a maximum of the amount specified on the Schedule Of Supplementary Benefits, in respect to all such repairs or replacements during the term of this Policy.

k. Fracture Or Dislocation Indemnity
When a bodily injury results in any of the fractures or dislocations listed on the Schedule Of Supplementary Benefits, We will pay the amount specified for such fractures or dislocation provided that not more than one such amount (the largest) shall be payable as the result of any one accident.

5. Exclusions
This Policy does not apply to:
a. Alcohol or Drugs
Any bodily injury resulting directly or indirectly, wholly or partially, from the Insured being under the influence of alcohol or cannabis or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon and pursuant to that prescription.
b. Benefits Available Under Government Health Insurance Plan
Any benefits that are available under any government health insurance plan, whether the Insured is enrolled in such a plan or not.
c. Certain Medical Conditions
Any bodily injury resulting directly or indirectly, wholly or partially, from any of the following causes:
i. Sickness, disease, incapacity or bodily infirmity either as a cause or effect;
ii. Suicide or any attempt thereat by the Insured while sane;
iii. Self-inflicted injury or any attempt thereat by the Insured while sane or insane;
iv. Neuroses, psychoneuroses, psychotherapies, psychoses or mental or emotional disorders of any type;
v. Sustained while the Insured is undergoing the medical or surgical treatment of sickness, disease or bodily or mental infirmity;
vi. Stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
vii. Infections of any kind regardless of how acquired, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
viii. Pregnancy, childbirth, miscarriage or abortion;

ix. Hernia;
x. Pre-existing medical or mental condition. However, bodily injury for which the treatment has not been rendered or treatment medically recommended for the past thirty consecutive months shall not be considered a pre-existing condition unless otherwise specifically excluded.
d. Criminal Activity

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Any bodily injury occasioned or occurring while the Insured is committing or attempting to commit a criminal act or to which a contributing cause was the Insured being engaged in an illegal occupation or activity.

e. Expenses Covered Under Other Insurance

Any portion of an expense referred to in this Endorsement which is payable under any insurance plan or law or under any plan or law that will pay the expense. With the exception of licensed ambulance services expenses, all other expenses claimed herein must be presented or deemed medically necessary by a qualified medical practitioner for the treatment or rehabilitation of the Insured.

f. Other Participant Accident Policy

In no case may an Insured be covered under more than one participant accident policy. Excess premiums paid shall be refunded upon request.

g. Personal Articles

Except as otherwise provided herein there is no benefit payable for purchase, repair or replacement of personal articles such as helmets, equipment, dentures, eyeglasses, contact lenses or prescriptions therefor.

h. Professional Athlete

Any professional athletes earning the major portion of their income from sports activity.

B. For the purposes of the coverage provided by this Endorsement, PART I – COVERAGES, COMMON EXCLUSIONS – COVERAGES A, B AND D shall also apply to COVERAGE – SPORT PARTICIPANT ACCIDENT.

C. For the purposes of the coverage provided by this Endorsement, PART III – WHO IS AN INSURED is deleted in its entirety and replaced by the following:

WHO IS AN INSURED

A sports participant or Executive is an Insured under this Policy.

D. For the purposes of the coverage provided by this Endorsement, PART IV – LIMITS OF INSURANCE, A. LIMITS is amended by adding the following:

The Any One Insured Limits shown in the Declarations and in this Endorsement is the most We will pay for benefits covered by this Endorsement because of bodily injury to one or more Insureds in any one accident; and

The Aggregate Limit is the most We will pay under COVERAGE – SPORT PARTICIPANT ACCIDENT for benefits covered by this Endorsement and arising out of one accident, regardless of the number of Insureds. In the event the Aggregate Limit is insufficient to pay the full amount of indemnity for each Insured, then the amount payable for each Insured shall be in the proportion that the Aggregate Limit for any one accident bears to the total amount of insurance that would have been payable except for such Aggregate Limit.

E. For the purposes of the coverage provided by this Endorsement, PART V – COMMERCIAL GENERAL LIABILITY CONDITIONS, Condition 9. Duties In The Event Of Occurrence, Offence, Claim Or Suit is deleted and replaced by the following:

9. Duties In The Event Of An Accident

a. You must see to it that We are notified in writing of an accident which may result in a claim no later than 30 days from the date of such accident. Notice should include:

i. How, when and where the accident took place; and

ii. The names and addresses of any injured persons and witnesses; and

iii. The nature and location of any bodily injury arising out of the accident.

b. You must furnish to Us on forms provided such proof of claim as is reasonably possible within 90 days of the date of such accident;

c. You must furnish to Us a certificate as to the cause and nature of the injury for which the claim is made from a legally qualified medical or dental practitioner if so required by Us.

d. In the event of a claim by reason of death of an Insured, We shall be entitled to receive on forms provided by Us due proof of such death, as well as of the title and right of the claimant. Any suit or proceedings against Us for the recovery of any claim under this Endorsement shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim.

F. For the purposes of the coverage provided by this Endorsement, the following is added to PART V – COMMERCIAL GENERAL LIABILITY CONDITIONS:

Accidental Death

If an Insured dies while insured hereunder, We will, subject to the provisions set forth in this Endorsement, pay to the Estate of the Insured the amount of benefit to which the Insured would have been entitled.

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G. For the purposes of the coverage provided by this Endorsement, PART VI – DEFINITIONS, Definition 6. Bodily Injury is deleted and replaced by the following:
6. Bodily injury means bodily injury or death sustained by a sports participant and caused directly by an external violent, sudden or fortuitous accident independent of any sickness or other cause.

H. For the purposes of the coverage provided by this Endorsement, the following are added to PART VI –

DEFINITIONS:
48. Sport participant means Your:
a. Members, provided such individuals' names are on file with the governing body/sports association listed in the Declarations as being insured under this Policy;
b. Coaches, trainers, instructors or referees; or
c. Executive officers and executive officers of Your member teams;
49. Sanctioned events means events, tournaments, and/or matches conducted by an authorised event organiser that have received formal approval by the governing body/sports association listed in the Declarations or an employee authorized by the governing body/sports association listed in the Declarations to give such approval. Approval can either be by way of a written procedure manual or a specific agreement in writing.
Sanctioned events include being transported with other members as a group (three or more) to or from the place of a sanctioned event, as arranged by the governing body/sports association listed in the Declarations. In the case of travel by air, the insurance provided by this Endorsement shall only apply to travel on a multi-engined transport type aircraft operated by a licensed airline maintaining published schedules, or a licensed charter airline.

Important Details You Should Know About Your Sport Accident Policy

The Sport Accident Policy is an Excess Policy, which means, it is secondary to any other government or private health care plan(s).

The Sport Accident Policy provides coverage for Sanctioned OBA Activities including training, competitions & meets. This plan covers "Registered Members" including participants, managers, coaches, officials, umpires and trainers.

Expenses eligible under any other healthcare plan(s) must be submitted to that plan(s). Your Sport Accident Policy will pay only the amount of expenses that are not eligible with any other insurer. Only claims up to the maximum benefits of the policy will be considered for payment. Explanation of benefits from other insurer, must accompany eligible expenses when submitting.

Arthur J. Gallagher must receive notice of your accident within 30 days of the accident date and claim documentation within 90 days from the date of accident.

All claims must be submitted by completing our Sport Accident Claim Form along with itemized statement and paid receipts. The Physician Statement needs to be completed confirming diagnosis &/or recommended treatments, if you are claiming other than dental or ambulance expenses.

Sport Accident Claim Forms must be completed in full and copies of receipts/invoices for medical/dental expenses must be submitted as well. All claim documentation will then be forwarded on to the insurer. Additional invoices/receipts can then be forwarded on as treatment is incurred.

The insurer will pay with respect to each insured that sustains bodily injury as a result of an accident, all reasonable medical expenses resulting and incurred within 52 Weeks from the date of accident. You must have required and received medical /dental treatment commencing within 30 days of the accident.

Services provided by a licensed physiotherapist, chiropractor, osteopath, registered nurse services or other similar services approved by the Insurer in writing and not covered under any federal, provincial government or private

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health care plan are covered under the Blanket Accident Reimbursement Coverage. Please refer to the actual terms and conditions of the applicable policy forms.

Physician's referral is required if you are intending to claim for the above expenses. A Sport Accident Claim Form must be completed along with Attending Physician Statement, invoices/receipts for treatment incurred. Please note, if paid by other health care provider, Proof of Exhausting Benefits must be provided.

Medical Braces prescribed by a physician, are covered under the Blanket Accident Reimbursement Coverage. Please refer to the actual terms and conditions of the applicable policy forms. Medical Braces required primarily for Sporting Activities are Not covered.

Claim forms can be submitted to our office electronically or by fax. If you are submitting the forms by mail, please forward copies only and retain originals for your files.

Arthur J. Gallagher Canada Limited
435 McNeilly Road, Suite 203
Stoney Creek, ON L8E 5E3
Attention: Sports Administrator
Phone 1-800-461-5087 Fax 905-643-8321
Email: IBAM.ON.Sports.Entertainment@ajg.com

Disclaimer
This document is a coverage summary for your convenience, not a contract or legal or tax advice. This document contains proprietary and confidential information belonging to Arthur J. Gallagher. The unauthorized reproduction or use of this document or information contained herein is prohibited by law. It is provided to facilitate your understanding of the relevant insurance program. Please refer to the actual policies when issued for the specific terms, conditions, limitations and exclusions that will govern coverage in the event of a loss.

In evaluating your exposure to loss on your insurance policies, we have been dependent upon certain information that was provided by you. If there are other areas that need to be evaluated prior to binding coverage, please bring these areas to our attention. Higher limits for the program's policies may be available; if you wish to pursue this option please advise our office as soon as practicable so that we may solicit market quotations on your behalf. Please refer to the actual policies for specific terms, conditions, limitations, and exclusions that may impact the scope of your insurance coverage.

SUTTON SPECIAL RISK

Accident & Medical Benefits Summary
Travel insurance

Diving Plongeon Canada

Policy Number 386/029939A – Class 1

Eligibility	Registered Participants under age 70 who are covered under a Provincial Government Health Plan.
Claim Procedures	Written notice must be given to Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises.
How to Claim	Download and complete claims forms from www.suttonspecialrisk.com. For claims and benefits inquiries call: 1-800-461-3292 or email: claims@suttonspecialrisk.com
Emergency Assistance	24 Hour Worldwide Assistance services are provided by On Call International. *In the event of an emergency, immediately call:* Toll Free (North America): 1-855-464-8968 Call collect from elsewhere in the world: +1 603-328-1355
Pre-Certification Requirements	On Call International must be contacted for all Air Ambulance Services. All hospital and surgical expenses must be pre-certified by On Call International. Family members, friends and Hospital or Physician's office staff may call on your behalf.
Repatriation	If the Insured Person has a serious or terminal illness or condition, for which extended or ongoing treatment may be required and such treatment can be provided in Canada at less cost to the Insurer, the Insured Person may be repatriated to their province of residence.
Currency	Benefits will be payable in Canadian currency.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

Accidental Death & Dismemberment Insurance – Business Travel Only

Benefit Amount	You are insured for the Principal Sum indicated below: $10,000
Additional Benefits	▪ Repatriation - maximum $15,000 ▪ Identification - maximum $15,000 ▪ Rehabilitation - maximum $15,000 ▪ Rehabilitative Physical Therapy - maximum $10,000 ▪ Funeral - maximum $5,000 ▪ Bereavement - maximum $1,500 (limited to 6 sessions) ▪ Spousal Retraining - maximum $15,000 ▪ Special Education - 5% of Benefit Amount to maximum of $10,000 per year ▪ Day Care - 5% of Benefit Amount to maximum of $5,000 per year ▪ Family Transportation - maximum $15,000 ▪ Home Alteration & Vehicle Modification – maximum - $15,000 or 10% of Benefit Amount to a maximum of $25,000, whichever is greater ▪ Hospital Confinement Monthly Income - 1% of Benefit Amount to maximum of $2,500 ▪ Seat Belt - 10% of benefit payable ▪ Parental Care - 10% of Benefit Amount to a maximum of $10,000 ▪ Trip Cancellation* - maximum $500 ▪ Trip Interruption* - maximum $500 ▪ Trip Delay* - maximum $500 ▪ Lost Baggage - maximum $500 ▪ Personal Property - maximum $500 ▪ Lost/Stolen Passport - maximum $350 ▪ Seat Bumping - maximum $250 ***Please note that these benefits are subject to Pandemic/Covid 19 exclusion***
Aggregate Limit	$250,000 per any one known accumulation and $250,000 per any one Aircraft accumulation

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policy.
For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Accident & Medical Benefits Summary

Major Medical Insurance - Emergency Treatment Only - Business Travel Only (Single Coverage)

- **You must be covered under a Provincial Government Health Insurance Plan to be eligible for the Major Medical benefit.**
- **Coverage is limited to while you are travelling outside your Country of Residence (or outside your province of residence for Canadians) on the business of the Policyholder only, up to a maximum of 60 days per trip.**

Benefit Percentage	100%
Deductible	Nil
Maximum	$1,000,000 lifetime per Insured Person
Pregnancy Benefits	Not Covered
Covered Expenses	▪ Semi-private room and board and other necessary Hospital services and supplies ▪ Outpatient Hospital services ▪ Physician services for medical treatment or surgical procedures ▪ Anaesthesia and its administration, diagnostic X-rays and radioactive therapies ▪ Blood Transfusions and blood plasma, oxygen and the administration thereof ▪ Prosthetic appliances, dressings applied by medical personnel, mechanical aids to breathing and similar medical supplies made necessary by disability commencing while covered by this insurance ▪ Professional nursing services rendered by a Nurse (maximum $10,000 per coverage year) ▪ Local ambulance to and from Hospital where medically necessary ▪ Drugs and medicines which require a written prescription (except during Hospital Confinement) ▪ Allergy treatments ▪ Immunizations normally paid for by a Canadian Provincial Government Health Plan ▪ Diabetic supplies (insulin, syringes and glucose strips) ▪ Physiotherapist up to a maximum of $500 per coverage year ▪ Licensed chiropodist, podiatrist, chiropractor, naturopath, osteopath, acupuncturist or massage therapist to a maximum of $500 per coverage year per type of service ▪ Replacement of prescription glasses or hearing aids required as a result of damage caused by a direct accidental blow occurring while the person is insured ▪ Dental services necessitated by an accidental blow to the mouth (treatment incurred within 90 days, to a maximum $15,000 per accident)
Additional Covered Expenses	**Air Ambulance, Transportation & Repatriation Expenses** The following benefits are payable subject to an overall combined maximum of $300,000: a) Necessary transportation expenses for the Insured Person to the nearest hospital, or to a hospital in their country of normal residence if deemed essential by the attending Physician or Surgeon. All airline flights will be paid at economy fare, unless executive class is deemed medically necessary by the attending Physician. b) Roundtrip transportation for an accompanying qualified medical attendant to hospital and back. c) Roundtrip economy transportation for one accompanying family member and/or any minor dependents, who actually reside with the Insured Person in the country of employment or assignment, to the hospital and back, or in the case of minor dependents to the nearest available alternative caregiver. d) Roundtrip economy transportation costs for one family member not residing with the Insured Person between their country of residence and the country of employment, where the Insured Person has died or is certified by their attending Physician or Surgeon to be in critical condition. e) In the event of the death of the Insured Person, the expenses of preparation and transport home of the body, including costs of embalming and a coffin.
Pre-Existing Conditions Limitation	With respect to Major Medical benefits, no benefit will be payable for any Loss, Injury or Sickness resulting or caused, in whole or part, from a Pre-existing Condition, which during the 3 months immediately prior to becoming an Insured Person under this Policy: i) first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinary prudent person to seek diagnosis, care or treatment; or ii) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remained controlled without any change in the required prescription; or iii) the Insured Person received medical treatment for, or which treatment had been recommended by a Physician. **Pre-existing condition** means an illness, disease or other condition of the Insured Person that existed before the Insured Person's coverage became effective under this Policy.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policy. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

DIVING
PLONGEON
CANADA

Incident Report Form

This form is to be completed by the diving club or diving event organizer whenever there is an incident during a diving activity involving injury to a person or damage to equipment not owned by the club/event organizer.
When completing this form or interviewing witnesses to determine what happened be extremely conscious of the need for a factual description without assignment of blame, explicit or implied, and without admission of fault. Attach extra sheets if needed. The completed form should be sent immediately by e-mail to Megan Pereira, DPC National Registrar (megan@diving.ca).

Name of the PSO/club reporting the incident: _____

Contact person reporting the incident: _____

Position with the PSO/club: _____

Email: _____ Phone/cell: _____

Please include the name(s) of those involved in the incident – if required please add an extra page.
If member is a minor, please list both the name of the participant and the parent.

1. Name: _____ Club: _____

   Email: _____ Cell: _____

2. Name: _____ Club: _____

   Email: _____ Cell: _____

Where did the incident happen: competition, training, camp – please provide as much detail:

List any injuries, where they were treated and by whom:

Was there any property damaged? Please provide details:

Please describe the incident. State only the facts of what was observed, do not try to determine who, if anyone, might have been at fault.

Annex D

ALLSPORT ATHLETIC ACCIDENT CLAIM FORM

400, 200 Wellington Street West
Toronto, ON M5V 3C7
Fax 416-601-1150
Email: claims@markelintl.ca

SECTION I (please print)		
Last Name of Claimant	First Name	Birth Date
Mailing Address		
City	Province	Postal Code
If a Minor, Name of Parent		
Home Phone ( )	Business Phone ( )	

SECTION II	
Date of Accident	Hour a.m. / p.m. (circle one)
Location of Accident	
What is the injury?	
Date of First Treatment	
Name of Hospital taken to	
Date of Admittance	Hour a.m. / p.m. (circle one)
Date of Discharge	Name of Attending Physician or Dentist

SECTION III Describe fully how the accident happened.

SECTION IV (your sport accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)
What medical coverage do you have through your/spouse/parent employment?

Name of Employer			Name of Insurer	
Address of Employer			Address of Insurer	
City	Prov.	Postal Code	Policy No.	Certificate Number

SECTION V

I hereby certify that all the information provided above is correct.

Claimant's / Guardian's Signature Date

Send completed form along with any invoices for expenses you incurred to -
By mail:
Markel Canada Limited
400, 200 Wellington St W, Toronto, ON M5V 3C7
By fax:
416-601-1150
By email:
claims@markelintl.ca

Please call your Insurance Broker if you have any questions regarding this form. Instructions are on the reverse side. If you do not have invoices at this time, please forward the form only to confirm that you intend to make a claim.

CERTIFICATION OF ASSOCIATION OR CLUB EXECUTIVE

Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team	League or Association
Accident Policy No. ACL6361	Type of Sport
Was the above player registered at the time of the injury? Yes/No (circle one)	
Was the player injured while taking part in an authorized activity? Yes/No (circle one)	
Name	Position with Club
Telephone No.	Signature

INSTRUCTIONS

You must provide all information requested; incomplete forms cannot be processed.

IMPORTANT POINTS TO REMEMBER WHEN COMPLETING YOUR CLAIM:

1. Your insurer must receive notice of your accident within 30 days of the accident date and receive claim documentation within 90 days.

2. ALL claims must be submitted with itemized statements and paid receipts (originals are required if there is no other coverage available), which indicate
   - Patient's name
   - Type of purchase or service
   - Date of each purchase or service
   - Amount charged for each purchase or service

3. A physician statement confirming diagnosis and recommended treatment is required if you are claiming other than dental or ambulance expense.

4. Only claims in excess of the deductible specified in your plan will be considered for payment up to your maximum benefits.

5. Expenses eligible under any other health care plan(s) must be submitted to that plan(s). Your sport accident policy will pay only the amount of expenses that are not eligible with any other insurer.

- IF YOU ARE CLAIMING ANY OF THE BENEFITS LISTED BELOW, YOU MUST INCLUDE THE FOLLOWING INFORMATION WITH YOUR CLAIM:
  (Please check your plan details for the conditions under which these benefits are eligible. You must have required and received medical/dental treatment commencing within 30 days of the accident date.)

- FOR BENEFITS NOT LISTED BELOW, PLEASE CONTACT THE INSURER FOR CLAIMS PROCEDURE

  A. PRESCRIBED DRUGS
     - Name of medication or drug
     - Date of purchase
     - Amount charged

  B. SERVICES OF PHYSIOTHERAPIST, CHIROPRACTOR, OSTEOPATH
     - Physician referral
     - Type of service
     - Date of each treatment
     - Amount charged for each treatment
     - Date of treatment paid by Provincial Medical Plan; if private fees apply, confirming coverage has been exhausted

  C. HOSPITAL ROOM ACCOMMODATION
     - Not an eligible expense

  D. AMBULANCE (Emergency to Hospital only)
     - Date of service
     - Places ambulance taken from and to
     - Amount charged

  E. VISION CARE
     - If your injury received medical treatment and resulted in the loss or damage of eyewear, or the requirement of eyewear due to accident
     - An explanation must be submitted with your receipt to claim the limited benefit

  F. SCHEDULED FRACTURE INDEMNITY
     - If your injury results in any of the fractures or dislocations listed on the policy schedule, there may be an amount payable to you; not more than one amount (the largest) is payable
     - A statement completed by the licensed physician or surgeon confirming the fracture/dislocation

  G. MEDICAL BRACES
     - A letter from the licensed physician or surgeon indicating the diagnosis, the specific medical necessity for prescribing the brace and the type of brace prescribed must be submitted with your receipt
     - Medical braces required primarily for sporting type activities are not covered

  H. DENTAL ACCIDENTS
     - Exact date of accident
     - Breakdown of services performed
     - Circumstances surrounding the accident
     - Is there other dental coverage? Enclose details.
     - Confirmation that treatments only relate to the accident
     - Provide other insurer's explanation
     - Are further treatments estimated?

  I. SERVICES AVAILABLE WITHIN THE PROVINCIAL PLAN
     - Your Sport Accident Policy does not make payment for any services or treatment that is available within the provincial plan, whether there is enrollment in the provincial plan or not

YOUR SPORT ACCIDENT POLICY MAY INCLUDE A DEDUCTIBLE AND/OR PERCENTAGE OF REIMBURSEMENT.
(Example: $100 deductible or $30 per treatment up to $300 per accident.) IF IN DOUBT, CHECK YOUR PLAN DETAILS.

400, 200 Wellington Street West
Toronto, ON M5V 3C7
Fax 416-601-1150
Email: claims@markelintl.ca

PART 1 DENTIST

Dentist's Name _____

Address _____

City, Province _____

Postal Code _____

Telephone _____

Patient's Last Name _____ Given Names _____

Address _____ Apt. _____

City, Province _____

Postal Code _____

Date of Service D M Y	Int. Tooth Code	Procedure Code	Tooth Surfaces	Laboratory Charge	Dentist's Fee	Total Charge

This is an accurate statement of services performed and fees charges. E. & OE.

Total Submitted Fee

Dentist's Signature

Date: Day Month Year

FOR DENTIST'S USE ONLY.

For additional information Re: diagnosis, procedures or complications and special considerations.

I understand that the fees listed in this claim may not be covered by or may exceed my policy benefits. I understand that I am financially responsible to my dentist for the entire cost of the treatment. I authorize release of the information contained in this claim form to my insuring company or its agents.

Signature of Patient (or Parent/Guardian)

I hereby assign benefits payable from this claim to the above named dentist and authorize payment directly to him.

Signature of Subscriber

FOR PLAN ADMINSTRATOR USE ONLY:

NOTICE TO DENTIST:

Please Note – Under the terms of the Policy, this report must be forwarded to the Company within 90 days of the date of the accident. Your co-operation will be appreciated.

CLAIM APPROVED:

Day Month Year

Assessor

PART 2. DENTIST'S SUPPLEMENTARY REPORT

1. Description of Damage _____

2. Is further treatment indicated? NO ☐ YES ☐ If "Yes" please indicate:

Int. Tooth Code		Treatment Indicated – use procedure code if possible	Est. Date – Treatment Day	Mo.	Yr.

3. Describe further potential problems and indicate time frame. _____

Date: Day Month Year

Dentist's Signature _____

ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

ATTENDING PHYSICIAN'S STATEMENT

Please complete this claim form and return it to your patient.

Patient's Name: _____ Age: _____

Address: _____

Diagnosis: Please indicate the name(s) of the bone(s) fractured or dislocated:

If Hospitalized, give name of hospital: _____

Date Admitted: _____ Discharged: _____

If referred to you, give name of referring physician:

Operations (or other procedures performed): _____ _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Date of first consultation for above: _____

Date of first symptoms: _____ Date of Accident: _____

Has the patient ever had same or similar condition? _____

If yes, please state when and describe: _____

Is there any other disease or infirmity affecting the present condition?

Date: _____ Signature _____ (M.D.)

Address: _____

Certified Specialist _____

Phone: _____

Annex E

SUTTON
SPECIAL RISK

33 Yonge Street, Suite 400
Toronto, Ontario M5E 1G4
Tel: (416) 366-2223
Fax: (416) 366-4608
claims@suttonspecialrisk.com

Medical Expense Claim

To be completed by claimant

Name of Policyholder		Policy no.	
Name of Insured		Email Address	
Name of Claimant (If other than above)		Relationship to Insured	
Address		Telephone no.	

1) Does the claimant have medical insurance under any other plan? (Including Spouse's Insurance and/or government health plan).

☐ **NO**
☐ **YES**

Name of Insurer		Policy no	

2) Are any expenses submitted as the result of an accident?

☐ **NO**
☐ **YES**

If yes, please provide details, including date and location of accident:

3) Please provide a diagnosis for each bill submitted:

Date of Service	Charges	Diagnosis/Condition/Illness

4) Has the claimant ever had same or similar condition:

- ☐ **NO**
- ☐ **YES**

If yes, state when and describe: _____

_____

5) Payee: Employee ☐ Employer ☐

6) How do you wish reimbursement to be made? Cheque ☐ Direct Deposit ☐ Wire Transfer ☐

If Direct Deposit:
Name of Bank _____ Bank Number _____
Branch Address _____ Transit Number _____
Name of account holder _____ Account Number _____

If Wire Transfer:
Name of Bank _____ Bank I.D. (Swift Code) _____
Branch Address _____
Account Number _____ Currency of Account _____
Name of Claimant _____ Account Number (IBAN) _____
Residence Address of Account Holder _____

Signature and Authorization

Please complete this form in its entirety, answering all sections and submit only original bills to the above address.
I authorize the release of any information requested in respect of this claim to the Insurer or its agents and certify that the information given is true, correct and complete to the best of my knowledge.

Signature (Claimant) Date