

USA Track & Field  
Event Medical Professional Liability Program



SUMMARY OF INSURANCE (Page 1 of 2)  
Effective 3/1/2014-3/1/2015

UNDERWRITING COMPANY

National Fire & Marine Insurance Company  
(program underwritten through Medical Protective)  
A.M. Best Company Rating of "A++ (Superior)"

PROFESSIONAL LIABILITY LIMITS

Each Occurrence:	\$1,000,000
Aggregate (Per Sanctioned Event)*:	\$3,000,000
Defense Costs:	In addition to the limit of liability
Deductible:	None

COVERAGE HIGHLIGHTS

Medical Professional Liability coverage for volunteer physicians and all other volunteer healthcare providers providing services in connection with USA Track & Field sanctioned events enrolled in the program.

- **Named Insureds:** The following parties are included as Named Insureds under the program:

USA Track & Field; Volunteer physicians and all other volunteer healthcare providers providing services in connection with enrolled sanctioned events. Event Medical Directors that are either employed or contracted to coordinate the volunteer event medical staff are also included.

- **Policy Structure:** The program is being underwritten by MedPro through a Risk Purchasing Group (RPG).
- **Coverage Form:** Occurrence based coverage form (rather than claims-made coverage form).
- **Prior Acts Coverage:** Prior acts coverage is included for those organizations insured through the previous claims-made Event Medical Professional Liability program.
- **Policy Territory:** The policy provides coverage for claims arising out of Worldwide acts, provided that the claim or suit is brought in the U.S.A.
- **Other Insurance Requirements:** Coverage under this program is primary in the absence of any other medical professional liability coverage. Volunteer medical providers are not required to provide evidence of other medical professional liability insurance.

*\*Policy is not subject to an annual aggregate limit. Each event has its own aggregate limit.*

PROGRAM ELIGIBILITY REQUIREMENTS

- **Eligible Events:** Coverage will only be provided for USA Track & Field sanctioned events that have submitted the required enrollment form and remitted the required premium to USA Track & Field. Participation in the program is voluntary for each event.
- **Eligible Persons:** All volunteer physicians (including medical doctors, practitioners, resident physicians, chiropractors and other licensed physicians in all specialties) and all other volunteer healthcare providers (including physician assistants (PA), nurses, emergency medical technicians (EMT), paramedics, athletic trainers, physical therapists, and massage therapists). Volunteers who receive a small stipend and/or expense reimbursement are eligible for coverage under the program. Event Medical Directors that are either employed or contracted to coordinate the volunteer event medical staff are eligible for coverage under the program. Volunteer team physicians and other volunteer medical support staff who travel with U.S. teams to international competitions are also eligible for coverage.
- **Credentialing/Licensing Requirements:** The volunteer physicians and all other volunteer healthcare providers must be licensed (in good standing) in the state where the providers normally practice/work. There is not a requirement to be licensed in the state where the event takes place.



Entertainment & Sports Insurance eXperts (ESIX)  
5660 New Northside Drive, Suite 640  
Atlanta, Georgia 30328  
678.324.3300 (Telephone)  
678.324.3303 (Fax)  
[www.esixglobal.com](http://www.esixglobal.com)  
Atlanta ▪ Colorado Springs

(Feb 2014)

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SUMMARY OF INSURANCE (Page 2 of 2)  
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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.*

TO REQUEST OR SUBMIT AN ENROLLMENT FORM

USA Track & Field  
Attn: Adam Sefcheck  
132 East Washington Street, Suite 800  
Indianapolis, IN 46204  
317.261.0500 Telephone

FOR COVERAGE QUESTIONS, PLEASE CONTACT

Entertainment & Sports Insurance eXperts (ESIX)  
Attn: Stephanie Nilsen  
5660 New Northside Drive, Suite 640  
Atlanta, GA 30328  
678.324.3300 Telephone

ENROLLMENT/APPLICATION PROCESS

- **Enrollment (by Event):** Prior to each participating event, the Event Organizer will notify USA Track & Field 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 providers are 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.

- **Certificates/Evidence of Insurance:** By request, ESIX will issue a Certificate of Insurance as Evidence of Coverage for the enrolled event.

*The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage. Premiums and coverage information is subject to change without prior notice.*



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**USA TRACK & FIELD  
VOLUNTEER EVENT MEDICAL PROFESSIONAL LIABILITY  
ENROLLMENT FORM**



NAME OF EVENT: \_\_\_\_\_ EVENT DATES: \_\_\_\_\_ EVENT SANCTION # \_\_\_\_\_

THE NAME AND SPECIALTY OF EACH VOLUNTEER PHYSICIAN AND ALL OTHER VOLUNTEER HEALTHCARE PROVIDER MUST BE LISTED IN ORDER FOR COVERAGE TO APPLY.

	PRINT NAME	SPECIALTY - CHECK ONE:	
		DOCTORS/ PHYSICIANS*	ALL OTHERS HEALTHCARE**
		(SEE DESCRIPTIONS BELOW)	
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>
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23		<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/>	<input type="checkbox"/>
26		<input type="checkbox"/>	<input type="checkbox"/>
27		<input type="checkbox"/>	<input type="checkbox"/>
28		<input type="checkbox"/>	<input type="checkbox"/>
29		<input type="checkbox"/>	<input type="checkbox"/>
30	<b>TOTAL:</b>	<input type="checkbox"/>	<input type="checkbox"/>

**ALL VOLUNTEER PHYSICIANS AND ALL OTHER VOLUNTEER HEALTHCARE PROVIDERS MUST BE LICENSED (IN GOOD STANDING) FOR COVERAGE TO APPLY.**

\*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.

**READ & SIGN:** I UNDERSTAND THAT THE INSURANCE COMPANY WILL RELY ON THE INFORMATION CONTAINED IN THIS FORM AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT.

**NAME OF EVENT ORGANIZER/REPORTING PARTY:** \_\_\_\_\_

**BY CHECKING THIS BOX, I AGREE THAT I AM THE ABOVE LISTED PARTY.**



**USA TRACK & FIELD  
VOLUNTEER EVENT MEDICAL PROFESSIONAL LIABILITY  
ENROLLMENT FORM**



**PAYMENT INFORMATION:**

EVENT NAME: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

EVENT SANCTION #: \_\_\_\_\_

EVENT ORGANIZER/REPORTING PARTY: \_\_\_\_\_

**TOTAL COST SUMMARY:**

TOTAL # OF VOLUNTEER PHYSICIANS :	
TOTAL # OF ALL OTHER VOLUNTEER HEALTHCARE PROVIDERS :	
\$56.00 x # OF VOLUNTEER PHYSICIANS =	\$
\$20.00 x # OF ALL OTHER VOLUNTEER HEALTHCARE PROVIDERS =	\$
TOTAL AMOUNT DUE:	\$

**PAYMENT PREFERENCE:**

**CHECK OR MONEY ORDER:** (PLEASE MAKE CHECK PAYABLE TO USA TRACK & FIELD)

ENCLOSED IS CHECK # \_\_\_\_\_ FOR \$ \_\_\_\_\_

**CREDIT CARD:** (VISA ONLY) *FOR THIS FORM OF PAYMENT, CONTACT USATF - CARMEN TRIPLET - PH: (317) 261-0500*

**ACH:** *FOR THIS FORM OF PAYMENT, CONTACT USATF - CARMEN TRIPLET - PH: (317) 261-0500*

**MAILING INSTRUCTIONS:**

PLEASE MAIL YOUR COMPLETED ENROLLMENT FORM WITH PAYMENT TO:

USA TRACK & FIELD  
ATTN: Adam Sefcheck@usatf.org  
132 EAST WASHINGTON STREET, SUITE 800  
INDIANAPOLIS, IN 46204  
PH: (317) 261-0500  
FAX: (800) 833-1466  
[Adam.Sefcheck@USATF.ORG](mailto:Adam.Sefcheck@USATF.ORG)

**ENROLLMENT FORM AND PREMIUM MUST BE POSTMARKED WITHIN 48 HOURS AFTER THE COMPLETION OF THE EVENT.**