

## **AUTHORIZED REPRESENTATION**

We will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority.

If you would like to authorize an additional party to act as your personal representative for matters pertaining to this insurance plan, we must have an Authorization Form on file. To request a form, please contact Renaissance Insurance Agency, Inc. at the address below or complete a form via the internet at: [www.renstudent.com](http://www.renstudent.com).

## **SUMMARY OF PRIVACY POLICY**

We strongly believe in maintaining the confidentiality of the personal information we obtain and/or receive about you and we are committed to protecting your privacy. We do not disclose any nonpublic information about you to anyone, except as permitted or required by law. We do not sell or otherwise disclose your personal information to anyone for purposes unrelated to our products and services. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to protect information about you from unauthorized disclosure. We may disclose any information we believe necessary to conduct our business as is legally required. You have the right to access, review and correct all personal information collected. You may review this Privacy Policy in its entirety, or the Privacy Policies of other entities servicing this policy, by writing to the address or visiting the website shown below. You may also submit a request, in writing, to review your information at the address below.

Attention: Privacy Manager  
Renaissance Insurance Agency, Inc.  
P.O. Box 2300  
Santa Monica, CA 90407-2300  
Phone: 1-800-537-1777  
Facsimile: 1-310-394-0142  
Website: [www.renstudent.com](http://www.renstudent.com)  
CA License No. 0655426

### **Underwritten by:**

United States Fire Insurance Company  
Policy No. US002611

### **For questions regarding benefits or claims:**

Personal Insurance Administrators  
P.O. Box 6040  
Agoura Hills, CA 91376-6040  
Toll free: 1-800-468-4343  
[www.piaclaims.com](http://www.piaclaims.com)

To download claim forms or  
a copy of this brochure, visit  
[www.renstudent.com/westmont](http://www.renstudent.com/westmont)



# **2010-2011 Intercollegiate Athletic Accident Insurance Plan**

*underwritten by*  
**UNITED STATES FIRE INSURANCE COMPANY**  
by Fairmont Specialty, a Division of Crum & Forster

*policy number*  
**US002611**

This brochure describes your benefits under the plan of insurance sponsored by your school. It is not a contract of insurance. Your coverage is governed by a Policy of insurance underwritten by United States Fire Insurance Company by Fairmont Specialty, a Division of Crum & Forster. Any discrepancy between this brochure and the Policy will be governed by the Policy. Please keep this brochure for future reference.

## INSURANCE FOR SPORTS INJURIES

This policy covers only intercollegiate athletic Injuries. *If you are injured in club or intramural sports then other policies may apply.* This table can help you understand how the different policies provided by the College relate to one another and to you.

A – The standard *Student Accident & Sickness* Plan described in a separate brochure.

B – The *Intercollegiate Athletic Accident* Plan described in this brochure.

C – The *Intramural & Club Sports Catastrophic* Plan (covers up to \$5 million).\*

D – The *Intercollegiate Athletic Catastrophic* Plan (covers up to \$10 million).\*

\* Provided by a separate insurance company.

Find the activity in which the Injury occurred and you'll be able to see, depending on the medical costs of treating the Injury, which policy applies.

	The first \$25,000	Costs exceeding \$25,000
Club Sports	A	C
Intramural Sports	A	C
Intercollegiate Sports	B	D

\* There is no catastrophic coverage for intramural practices.

## DATES OF COVERAGE

August 8, 2010 to August 8, 2011.

## BENEFITS

### Accident Medical Expense Benefit

\$25,000 per Injury

### Deductible

\$100 per Injury  
(which is paid by Westmont)

Coverage includes Injury sustained during participation in regularly scheduled intercollegiate sports events of Westmont College, including the regular season for such sport, the supervised practice and tryout for such sport, and the travel to and from sports events and practices.

(continued)

## BENEFITS (continued)

**Injury must occur while this policy is in force. Treatment must commence within 60 days of the date of the Accident and be incurred within 104 weeks of the date of the Accident.**

The policy will pay the usual, reasonable and customary charges for treatment by a Doctor for loss resulting directly and independently of other causes from a covered intercollegiate sports Accident.

The Insured Person has the right to request an independent medical review if health care services have been denied, modified, or delayed based on the Company's determination of medical necessity.

### Accidental Death and Dismemberment

(within one year of Accident)

Accidental death.....	\$5,000
Double dismemberment or loss of sight of both eyes .....	\$5,000
Single dismemberment or loss of sight of either eye .....	\$1,000

## DEFINITIONS

**Accident** means a sudden, unforeseeable external event which results in an Injury.

**Doctor** means a licensed practitioner of the healing arts acting within the scope of his or her license. Doctor does not include: 1) the Insured Person; 2) the spouse, dependent, parent, brother or sister of the Insured Person; or 3) a person who normally resides with the Insured Person.

**Injury** means bodily harm resulting, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same person sustained in one Accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

**Insured Person** means a team member engaged in the practice and/or play of the following intercollegiate athletic sports:

### SPORTS

Baseball  
Basketball  
Cross Country  
Soccer  
Track  
Tennis  
Volleyball

### GROUPS

Cheerleaders  
Coaches  
Trainers  
Managers  
Recruits

## EXCLUSIONS

No benefits will be paid for loss or expense caused by or resulting from:

- Services and supplies furnished normally without charge by the College's infirmary, its employees, or doctors who work for the College. This includes team physician, team trainer or nurse for which the Insured Person is not normally charged;
- War or any act of war, declared or undeclared;
- Fighting, except in self-defense;
- Intentionally self-inflicted injury while insane; suicide or any attempt thereof while sane;
- Any loss covered by state or federal worker's compensation law, employers liability law, occupational disease law, or similar laws or act;
- Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical payment plan;
- A hernia of any kind;
- Riding in a vehicle or device for aerial navigation, except as a passenger in a scheduled aircraft used for the transportation of passengers;
- Sickness or disease in any form;
- Expenses incurred for the use of orthotics unless used exclusively to promote healing;
- Use of electric bio-mechanical devices;
- Non-prescription drugs or medicines.

The Policy will not pay for services which are available to Insured Persons at HMO or PPO facilities within 30 miles of the Westmont College campus.

The Policy is in excess of other valid and collectible insurance or plans. If the Insured Person is insured under any other valid and collectible insurance or plans which are also in excess of other coverage, the policy will pay a maximum of fifty percent (50%) of the benefits otherwise payable.