

**IMPORTANT!**

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**Claims . . .**

**-When to File. . .**

**- How to File. . .**

**- Where to File. . .**

Club members must be instructed to file all medical claims with their Federation Association Insurance Chairman within twenty (20) days from the date of injury.

The chairman will check the claim form to verify all questions have been answered and that medical bills, if available, are attached. The chairman will sign the form and forward it to the USDA Insurance Coordinator.

Claims will NOT be processed if sent direct to the Markel Insurance Company. Markel will return the claim to the USDA Insurance Coordinator for verification before processing.

If a dancer has other insurance which covers medical expenses resulting from injuries, the USDA insurance will pay all covered costs not paid by the dancer's primary insurance up to the limits of this policy. Please be advised that a claim will be processed faster if a letter of denial or an explanation of benefits from the primary carrier is included with the claim material.

The accidental death and dismemberment provisions are not affected by any other insurance.

The claimant must sign the claim form where designated. "DOB" on the form means Date of Birth.

Do not leave the claim-form with the doctor or hospital to be mailed. The claimant should mail or personally deliver the form to their insurance chairman. . .

*If* the claim is submitted without bills, it will be held by the company until bills are received. If treatment is to continue over a period of time, bills should be sent in as they are received by the claimant.

NATIONAL INSURANCE COORDINATOR

P. O. Box 22

Tucker, GA 30085-0022

Tel.: (404) 298-6148 FAX: (404) 298-6149

Email: [usda.insurance@usda.org](mailto:usda.insurance@usda.org)

# ADDITIONAL INFORMATION

1. **Roster of club members is required at time of premium payment.**
2. If a club member belongs to more than one club, they pay only one enrollment fee.
3. If club members leave the club and fail to join another participating club within 30 days, their insurance coverage ceases.
4. Students (taking lessons for the first time or coming back after an extended absence) in beginning dance classes sponsored by an insured club are covered by insurance at no additional cost to the club. A club must submit a roster with a beginning and ending date for the class. Students will only be covered while attending classes for nine (9) months.
5. The minimum fee for a club is \$45.00; a club must have at least eight (8) members listed on their roster to register for insurance
6. The policy does not cover the caller/cuer and his or her equipment when he or she is calling.
7. An honorary member or caller/cuer member of a club is covered by this policy when attending a dance as a dancer and an enrollment fee has been paid for each dancer.
8. Name, street address, city, state and zip code of each facility anticipated to be used during the year will be required when effecting coverage.
9. Approximately 45 days lead-time is required to obtain a certificate of insurance for a particular facility not on the original policy.
10. Provides \$100,000 limit for damage to premises rented to you and caused by an insured dance organization.
11. Picnics, camp outs, snow trips and other non-dancing activities are not covered by this insurance. Special, one-event accident medical insurance must be separately arranged.
12. Claims must be filed, whenever possible, within 20 days from the date of the accident with medical bills attached. **Mail claims to the Federation/Association insurance chairman.**
13. The death and dismemberment benefit applies regardless of any other insurance the member may have. Death must result from a covered accident at a bonafide club or organization dancing activity or an accident during the course of group travel (see definition of group travel).
14. Coverage is excluded while dancing at private residence.
15. Complete the **When, Where, Why and How** accident information form within 48 hours.
16. Any addition to the club roster after the initial enrollment for the current year will require an enrollment fee per dancer.
17. Notification of event form is necessary if a club dances at a facility which is not their regular dance location. **If a certificate of insurance is not issued for a facility, there is no liability coverage for the facility being used.** A new insurance certificate is only needed if requested by the new facility.

# EXPLANATION OF ADDITIONAL INSURED

*Name(s) of Additional Insured* - means the property owner(s) or organization who wants their names added to your liability insurance policy. Normally, this differs from the name of the facility which you are using or the location of that facility. If not requested by the owners, leave blank.

*Facility being used* - means the name of the facility and complete address of the actual location for the event. This must include street (and number, if applicable), city, state and zip code.

*Date(s)* - means special dates, for regular dances: "every Saturday" or "first and third Monday", etc. For special dances, give the exact date.

PLEASE TYPE OR PRINT WITH A BALL POINT PEN.

**ATTACH CLUB ROSTER WITH ENROLLMENT FORM.**

## DEFINITION OF GROUP TRAVEL COVERAGE UNDER THE UNITED SQUARE DANCERS OF AMERICA ACCIDENT MEDICAL POLICY

Group travel coverage shall be afforded under this policy subject to the following consideration:

- A group shall be defined as 10 or more covered members of the USDA insurance program.
- Coverage will commence upon departure from a single common meeting point and continue in force during scheduled, sponsored and supervised dancing activities and meetings.
- Travel must be continuous between point of origin and point of destination, subject to a minimum of 25 miles one way.
- Vehicle must be commercially licensed for the transport of passengers; vehicle must be operated by a person who holds a valid operators license for such vehicle.