



Special Risk Blanket Accident Insurance Program

South Carolina High School League



Local Representative

Sadler Insurance, Division of
Specialty Program Group LLC
PO Box 5866
Columbia, SC 29250-5866
800-622-7370
Email: trisha@sadlersports.com

Eligibility

All registered participants of the South Carolina High School League.

Covered Event(s)

While participating in:

- ✓ All interscholastic sports and football including practice, games, competition, and conditioning;
- ✓ Summer passing leagues and tryouts;
- ✓ Cheerleader practice and while at interscholastic events;
- ✓ Band, cheerleaders, majorettes, student coaches, managers and trainers;
- ✓ All school-sponsored and supervised special events including travel to and from approved locations.

Summary of Benefits

Accidental Death, Dismemberment & Paralysis – \$10,000 Principal Sum

Pays lump sum benefits if a covered accident results in loss of life, limb, sight, speech, hearing, or paralysis within one year of the date of the Accident.

Accidental Loss of:	Benefit Amount
Life	100% of Principal Sum
Speech and Hearing	100% of Principal Sum
Speech and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hearing and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hand, Foot, or Sight of One Eye	50% of Principal Sum
Speech or Hearing	50% of Principal Sum
Thumb and Index Finger of the Same Hand	25% of Principal Sum

Accident Medical Expense Benefit – Maximum Benefit of \$6,000,000; Deductible: \$25,000

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- For Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- For Medically Necessary Medical Services;
- If an Insured incurs expenses for care or treatment within 180 days of the Accident causing the Accidental Bodily Injury; and
- For expenses incurred within 520 weeks of the date of the Accident causing the Accidental Bodily Injury.

Excess Nature of Benefits

Excess coverage means that Accident Medical Expense Benefits are reduced by amounts already paid or payable by any Other Plan of insurance. If a participant has no Other Plan of insurance, then Accident Medical Expense benefits are paid on a primary basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available.

Catastrophic Cash Benefit – \$100,000

Pays lump sum benefit of up to \$100,000 followed by monthly payments of \$3,333 to be paid for up to 120 months, in the event of paralysis or coma.

Seat Belt and Occupant Protection Device – \$2,500; Maximum Benefit for Both: \$5,000

Pays the \$2,500 Benefit Amount for Seat Belt if an Insured Person suffers an Accidental Bodily Injury resulting in a covered Loss of Life while such Insured Person is operating or riding in a Private Passenger Automobile, and using a Seat Belt. The Seat Belt must have been properly secured and used in accordance with the recommendations of its manufacturer.

If it cannot be determined whether an Insured Person was using a Seat Belt, then the Alternate Benefit Amount for Seat Belt, shown in Section IV-C of the Schedule of Benefits, will be paid.

We will also pay the \$2,500 Benefit Amount for an Occupant Protection Device if an Insured Person suffers an Accidental Bodily Injury as set forth above and such Insured Person is positioned in a seat protected by a properly deployed Occupant Protection Device. The Benefit Amount for an Occupant Protection Device will only be paid if We pay a Benefit Amount for Seat Belt other than an Alternate Benefit Amount.

Loss of Life – Heatstroke – \$10,000

Pays the \$10,000 Benefit Amount if the Insured Person suffers death due to a Heatstroke. Death must occur within 52 weeks after participating in the Covered Activity and be a consequence of the Insured Person's participation in a Covered Activity.

Rehabilitation Expense – Up to \$365,000 Per Year

Reimburses up to \$365,000 per year for Rehabilitation Expense(s) if Accidental Bodily Injury causes an Insured Person to suffer a covered Loss which requires such Insured Person to obtain Rehabilitation, as determined by a Physician approved by Us.

Home Health Care – \$250,000

Maximum Per Year

Reimburses for charges up to \$250,000 per year for Home Health Care if a covered Loss due to an Accidental Bodily Injury causes an Insured Person's confinement to home after a Hospital stay of at least five (5) days. The expenses that are the subject of the Benefit Amount for Home Health Care must be incurred within eighteen (18) months of the Accidental Bodily Injury.

No Benefit Amount for Home Health Care shall be paid if: (1) treatment is educational, experimental or investigational or does not constitute accepted medical practice; or (2) services are provided by a person who is an Immediate Family Member. The Benefit Amount for Home Health Care is payable in addition to any other applicable Benefit Amounts under this policy.



Coverage Definitions

“Accident” or “Accidental” means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury also means a Heart or Circulatory Malfunction and a Repetitive Motion Injury.

“Heatstroke” means an Insured Person’s body fails to regulate a normal body temperature and who’s body temperature reaches 104F or higher, as diagnosed by a Physician.

“Heart or Circulatory Malfunction” means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident but only if all of the following conditions are met: 1) the Heart or Circulatory Malfunction of an Insured Person occurs within twenty-four (24) hours after participating in a Covered Activity; 2) the Insured Person is under sixty five (65) years of age on the date of the Heart or Circulatory Malfunction; 3) the first symptom of Heart or Circulatory Malfunction is medically diagnosed within twenty four (24) hours after an Insured Person’s participation in a Covered Activity; and 4) within two (2) years prior to the date an Insured Person participates in a Covered Activity, such Insured Person: a) has not been medically diagnosed with any disease, illness or condition of the heart or circulatory system; or b) has not received any medication or treatment for any disease, illness or condition of the heart or circulatory system.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) for whom insurance is elected and 2) on whose behalf premium is paid.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: 1) is ordered or prescribed by a Physician; 2) is appropriate and consistent with the patient’s diagnosis; 3) is in accord with current accepted medical or dental practice; and 4) could not be eliminated without adversely affecting the patient’s condition.

“Medical Services” means Medically Necessary services, including but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests

and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; and (12) eyeglasses, contact lenses and other vision or hearing aids.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member; 3) an Insured Person’s employer or business partner; or 4) the Policyholder.

“Repetitive Motion Injury” means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fractures; tendinitis; and Carpal Tunnel Syndrome. Treatment by a Physician for a Repetitive Motion Injury must occur within 30 days of participation in a Covered Activity. We must have satisfactory proof that the Repetitive Motion Injury resulted from the participation in the Covered Activity.

“Rehabilitation” means treatment other than Psychological Therapy that is: 1) provided by a therapist licensed, registered, or certified to perform such treatment; or 2) provided in a Hospital or other facility, which is licensed to provide such treatment. The Rehabilitation must take place under the direction of a Physician.

“Rehabilitation Expense” means Reasonable and Customary Charges for Rehabilitation.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by

Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

“Loss” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

“Quadriplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Hemiplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Paraplegia” means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Uniplegia” means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

Coverage Exclusions and Limitations

This insurance does not apply to any accident, accidental bodily injury, or loss caused by or resulting from, directly or indirectly:

- An insured person being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical, diagnostic, or surgical treatment thereof. This exclusion

does not apply to an Insured Person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria or accidental ptomaine poisoning.

- An insured person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- An insured person being intoxicated at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs. If such jurisdiction does not have a law to define intoxication, then under this policy it will mean a blood alcohol content of .08 or greater.
- An insured person being under the influence of any narcotic or other controlled substance or intentionally ingesting or inhaling any poison gas or fumes at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
- An insured person being in, entering, or exiting any aircraft: 1) owned, leased or operated by the policyholder or on the policyholder's behalf; or 2) operated by an employee of the policyholder on the policyholder's behalf.
- The Insured Person traveling or flying on any rocket propelled or rocket launched conveyance.
- An Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An Insured Person's participation in Specialized Aviation activities.
- An Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.
- War, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

Efficient Claims Support & Service

Need to file a claim or looking for claims support?
Contact our dedicated Claims Administrator:

BMI Benefits, LLC.
PO Box 511
Matawan, NJ 07747

Email: BMI@bobmccloskey.com
Fax: 732-583-9610
Phone: 800-445-3126

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