



**NFL Flag Football
and Its Registered Member Teams and Leagues**



PARTICIPANT ACCIDENT INSURANCE SUMMARY

POLICY TERM: 1/1/2022 to 1/1/2023*

POLICYHOLDER: RCX Sports LLC; RC Experiences under license dba: NFL Flag Football and Its Registered Member Teams and Leagues

POLICY NUMBER: SPRO 181220-00

PARTICIPANT ACCIDENT LIMITS:

Accidental Death Benefit Accidental	\$10,000
Dismemberment Benefit Accident	\$10,000 Principle Sum
Medical Expense Benefit	\$25,000 Maximum Benefit per Injury (100% of U&C)
<ul style="list-style-type: none"> • Excess basis; coverage can 'drop down' to provide benefits on a Primary basis in the absence of other Primary insurance, subject to the deductible and other Policy terms conditions. • Dental Expense: 100% of U&C; Included in Accident Medical Expense Benefit • Deductible each Covered Accident (Integrated): \$2,500 	
Loss Period	90 days (i.e., first expense must be incurred within 90 days of injury)
Benefit Period	52 weeks (1 year)

DEFINITION OF ELIGIBLE/INSURED PERSON: All registered participants of the Policyholder including players, coaches, officers and official volunteers designated by officers while performing their normal duties at a "covered activity".

COVERED ACTIVITIES: While Participating in supervised and sanctioned NFL Flag Football youth flag football activities/event of the Policyholder. Covered Sports Travel is included but only within the contiguous United States including Alaska and Hawaii and only directly and without interruption.

***NOTE:** Insurance will become effective January 1, 2022, or the date on which your member Team/League enrolls in the NFL Flag Football insurance program, whichever is later. Coverage of each Insured Person ceases on the first to occur of:

- (a) The date the policy terminates – 1/1/23; or
- (b) The date he or she ceases to qualify as an Insured Person

FULL EXCESS MEDICAL EXPENSE: The Company will pay the Medically Necessary Covered Expenses:

1. after the Insured Person satisfies any Deductible; and
2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss occurs or expenses begin, or as soon as reasonably possible. Completed claims forms must first be routed through your local league director/coordinator for proper verification/validation. Once validated your local league director/coordinator will forward on for further processing. Once the claim has been established, additional information such as itemized bills and Explanation of Benefits (EOB's) from any PRIMARY health insurance coverage should be sent to the servicing group claims office:

K&K Insurance Group, Inc.
Claims Department
P.O. Box 2338
Fort Wayne, Indiana 46801-2338

Fax: 312-381-9077 *Email:* KK.PAclaims@kandkinsurance.com

If there are any questions regarding a claim you may contact K&K Insurance Group by calling **1-800-237-2917**

SPECIAL NOTICE: This information is intended to be a brief description of the coverage available under the 2021-2022 NFL Flag Football Insurance program and does not address all terms, conditions, limitations, exclusions, and termination provisions. Insurance coverage is governed by actual policy language.