

# USA VOLLEYBALL EVENT MEDICAL PROFESSIONAL LIABILITY PROGRAM SUMMARY OF INSURANCE

Effective 3/1/2024 – 3/1/2025



## COVERAGE HIGHLIGHTS

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

## Named Insureds

The following parties are included as Named Insureds under the program: USA Volleyball; Volunteer or contracted physicians and all other healthcare providers providing services in connection with enrolled sanctioned events. Event Medical Directors that are either employed or contracted to coordinate the 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.

## PROFESSIONAL LIABILITY LIMITS

|                  |                                       |
|------------------|---------------------------------------|
| Each Occurrence: | \$1,000,000                           |
| Aggregate:       | \$3,000,000                           |
| Defense Costs:   | In addition to the limit of liability |
| Deductible:      | None                                  |

## PROGRAM ELIGIBILITY REQUIREMENTS

### Eligible Events

Coverage will only be provided for USA Volleyball sanctioned events that have submitted the required enrollment form and remitted the required premium to USA Volleyball. Participation in the program is voluntary for each event.

### Eligible Persons

All volunteer or contracted physicians (including medical doctors, practitioners, resident physicians, chiropractors and other licensed physicians in all specialties) and all other volunteer or contracted 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 event medical staff are eligible for coverage under the program. Team physicians and other medical support staff who travel with U.S. teams to international competitions are also eligible for coverage.

## Credentialing/Licensing Requirements

The volunteer or contracted physicians and all other 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.

## RATE STRUCTURE

Rates include all premiums, fees and surplus lines taxes. The following per provider rates apply:

|                |                                  |
|----------------|----------------------------------|
| <b>\$38.00</b> | Physicians/Doctors*              |
| <b>\$11.00</b> | All Other Healthcare Providers** |

\*Doctors shall include all medical practitioners, resident physicians, chiropractors and other licensed physicians in all specialties.

\*\*All other healthcare providers shall include physician assistants (PA), nurses, emergency medical technicians (EMT), paramedics, athletic trainers, physical therapists, and massage therapists.

## ENROLLMENT/APPLICATION PROCESS

### Enrollment (by Event)

Prior to each participating event, the Event Organizer will notify USA Volleyball of its intent to participate in the program.

### Enrollment Form

Each event will submit a final list of all physicians and all other 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 physician and all other healthcare provider. By completing the form, each physician and all other 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 physician and all other healthcare provider must be listed for coverage to apply.

### Certificates/Evidence of Insurance

By request, EPIC will issue a Certificate of Insurance as Evidence of Coverage for the enrolled event.

## TO REQUEST OR SUBMIT AN ENROLLMENT FORM

USA Volleyball  
20501 Earl Street, Suite 3  
Torrance, CA 90503  
Phone: (719) 228-6800  
Fax: (719) 228-6899  
Email: [amber.scott@usav.org](mailto:amber.scott@usav.org)

## FOR COVERAGE QUESTIONS, PLEASE CONTACT

EPIC Entertainment & Sports ATTN: Spencer Trager  
5909 Peachtree Dunwoody Road, Suite 800  
Atlanta, GA 30328  
**PH: 678.293.8680 / EMAIL: [spencer.trager@epicbrokers.com](mailto:spencer.trager@epicbrokers.com)**

## UNDERWRITING COMPANY

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

*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.*

## EPIC Entertainment & Sports

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