



## General Liability Insurance Program

The following is a brief outline of coverage provided by the policy and is not intended to change, modify, or alter any policy terms, provisions, conditions, and exclusions.

**Insurance Agent:**

Loomis & LaPann, Inc.

**Policy Term:**

July 1 to June 30

**Named Insured:**

USA Pickleball Association (USA Pickleball) and its member clubs

**Limits of Liability:**

- \$3,000,000 General Aggregate
- \$2,000,000 Products & Completed Operations Aggregate
- \$2,000,000 Personal & Advertising Injury
- \$2,000,000 Per Occurrence
- \$300,000 Damage to Rented Premises Per Occurrence
- \$500,000 Sexual Abuse Liability Coverage Per Occurrence
- \$500,000 Sexual Abuse Liability Aggregate
- \$1,000,000 Participant Legal Liability Per Occurrence

**Coverage Highlights:**

Commercial General Liability Policy will pay amounts up to the policy limit that the insured is legally obligated to pay as damages for covered bodily injury, personal injury or property damage and advertising injury, subject to policy terms and conditions. The property damage or bodily injury must have occurred during a covered activity. Basically, the covered activity is the sanctioned event, any directly related set-up and teardown activities, or any ancillary event such as participant check-in and awards ceremonies.

The insurance company will defend suits against the insured alleging damages for bodily injury, personal injury or property damage that falls under the scope of the policy.

**Requests for a Certificate of Insurance:**

If the facility that you are using to host a USA Pickleball sanctioned event requires “proof of liability” or “additional insured” status, you must complete and submit the “Certificate of Insurance” request form and return it to USA Pickleball.

**Administration:**

If you are served with a summons and complaint, or if you receive a claim for damages from an attorney or third party, you must contact USA Pickleball immediately. All incidents need to be reported to the insurance carrier in a timely manner.



## Participant Accident Insurance Program

The following is a brief outline of coverage provided by the policy and is not intended to change, modify, or alter any policy terms, provisions, conditions, and exclusions.

**Insurance Agent:**

Loomis & LaPann, Inc.

**Policy Term:**

July 1 to June 30

**Policyholder:**

USA Pickleball Association (USA Pickleball)

**Covered Activities:**

While actively participating as a registered dues-paying member in the Policyholder's sanctioned, sponsored and supervised Pickleball events and activities. Coverage applies to all current members against accidental death, dismemberment and provides excess medical coverage as noted below:

**Benefit Schedule:**

- Accident Medical Expense Benefit                      \$25,000
- Accidental Death Benefit                                      \$5,000
- Accidental Dismemberment Benefit                      \$5,000
- 52 Week Benefit Period
- Dental Maximum per tooth, per accident              \$250
- Deductible:    \$1,000 per accident
- Claims must be filed within 60 days from date of injury

All accident medical claims are excess of all other valid and collectible insurance plan(s) and each accident must meet the \$1,000 deductible.

**Reporting an injury claim:**

Claim forms may be obtained from:

USA Pickleball Association  
PO Box 7354  
Surprise AZ 85374  
[admin@usapickleball.org](mailto:admin@usapickleball.org)