

Pennsylvania West Soccer Association

General Liability & Excess Liability

Summary of Insurance

Effective 9/1/2025 – 9/1/2026



Who is Covered

Pennsylvania West Soccer Association and its member associations, leagues, team members, managers, coaches, referees, officials, directors, officers, administrators, assistants, scorekeepers, volunteers, and sponsors while acting in their capacity as such.

What is Covered

Liability coverage provided for PWSA sanctioned and approved amateur practice and play in the insured sport to include fundraisers, banquets, award ceremonies and team meetings. No coverage is provided for activities not sanctioned or approved by PWSA.

General Liability Coverage Summary

The General Liability policy provides important liability protection for claims alleging bodily injury, personal injury, and property damage liability arising out of your PWSA sanctioned operations.

Underwriting Company

Everest National Insurance Company (General Liability)

A.M Best Company Rating: A+ (Superior) XV

General Liability Limits

General Aggregate per Event	\$5,000,000
Products/Completed Ops Aggregate	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Participant Legal Liability Each Occur	\$1,000,000
Participant Legal Liability Agg	\$5,000,000
Neurodegenerative Injury Each Occur	\$1,000,000
Neurodegenerative Injury Agg	\$1,000,000
Neurodegenerative Injury Claim Expense	\$1,000,000
Damage to Premises Rented to You Limit	\$300,000
Medical Expense	Excluded
Sexual Abuse / Molestation Each Occur	\$1,000,000
Sexual Abuse / Molestation Agg	\$2,000,000

Notable Exclusions

- Employment Practices Liability
- Asbestos
- Total Pollution
- Known Continuous or Progressive Injury or Damage
- Cross Suits
- Punitive Damages
- Absolute Lead
- Unmanned Aircraft
- Fungi
- Bacteria
- Access or Disclosure of Confidential or Personal Information
- Communicable Diseases

Excess Liability Coverage Summary

The Excess Liability policy provides additional limits of insurance in excess of the underlying General Liability policy.

Excess Liability Limits

Annual Aggregate	\$5,000,000
Each Occurrence	\$5,000,000
Sexual Abuse/Molestation Each Occurrence	\$2,000,000
Sexual Abuse/Molestation Aggregate	\$2,000,000

Underwriting Company

HDI Global Specialty SE

A.M Best Company Rating: A+ (Excellent) XV

Notable Exclusions

- Per Underlying General Liability Exclusions
- Neurodegenerative Injury

How to Request a Certificate of Insurance

Certificates of Insurance should be requested through the state office.

How to File a General Liability Claim

If you are made aware of an incident that may give rise to a liability claim or you receive a legal summons or a letter from an attorney as a result of the incident, please report this information immediately to both your state soccer association and Players Health.

Players Health
Lifetime Work Edina
200 Southdale Center
Edina, MN 55435

Pennsylvania West Soccer Association

Participant Accident

Summary of Insurance

Effective 9/1/2025– 9/1/2026

Description of Eligible Persons

All currently registered athletic participants, including volunteers and staff, for whom premium has been paid while participating in covered activities.

Covered Activities

While participating in scheduled games, team practice sessions or sponsored activities, provided they are under the direct supervision of a team official or at a sanctioned local or national tournament as a member of a contestant team. Coverage includes organized and supervised group travel as authorized by the policyholder directly to and from a covered event.

Coverage Summary

The PWSA Participant Accident insurance program provides Accident Medical and Accidental Death & Dismemberment (AD&D) benefits to members who are injured while participating in PWSA covered activities.

If an accidental bodily injury results in an Eligible Person requiring medical care and treatment, the policy will pay the reasonable and customary medical charges of medically necessary medical services up to the benefit amount. The accident medical coverage is secondary / excess to any other available medical or health insurance available to the injured person.

Accidental Medical Expense Benefits

Medical Maximum Benefit	\$100,000
Dental Benefit	Included in Med Max
Deductible (per injury)	\$100
Coinsurance	70%
Physical Therapy	\$50 per visit/40 visit max
Maximum Benefit Period	2 years

Accidental Death & Dismemberment Benefits

Accidental Death Benefit	\$5,000
Accidental Dismemberment Benefit	\$5,000
Loss must occur within 365 days	

Underwriting Company

Great American Insurance Company

A.M Best Company Rating: A+ (Superior) XV

Notable Exclusions

- Suicide, self-destruction, attempted suicide or self-destruction, or intentional self-inflicted injury
- Injury covered by workers' compensation, employer's liability laws, or similar occupational benefits
- Pre-existing conditions
- Elective or cosmetic surgery, except for reconstructive surgery needed as the result of an injury
- Treatment by persons employed or retained by a Policyholder, or by any immediate family member
- member of the covered person's household
- Commission of, or attempt to commit, a felony, an assault, or other illegal activity
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration
- Repair, replacement, examinations for prescriptions, or the fitting of eyeglasses or contact lenses
- Expenses incurred that are in excess of reasonable charges, or expenses that are not medically necessary
- War, or act of war, whether declared or undeclared

This outline is only for general information and none of the above shall amend or alter the insurance contracts. the wording of the policies constitutes the only agreement between the insured and the insurance company. Consult your policies for complete details including terms, conditions, limitations, and exclusions of coverage.

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