

**BADMINTON ONTARIO**  
**Insurance programme for 2021-2022**

## Insurance Program Update – June 4, 2021

We are continuing to work with the insurer, GameDay Insurance, on the July 31, 2021 quote. We are aiming to provide a simplified insurance program for all members of Badminton Ontario. This new structure will enable Badminton Ontario and its districts to administer the insurance program and provide all clubs with a solid well-rounded insurance program more quickly.

**\*\*\* NOTE: this is an estimate only. We are waiting for the insurance company to confirm their quote**

<b>July 31, 2021 – July 31, 2022 Rating Structure for Badminton Ontario consisting of:</b>		
<b>Sanctioned activities of the Named Insured to support the sport of badminton &amp; pickle ball</b>		
<b>Coverage</b>	<b>Deductible</b>	<b>Rating Basis</b>
<b>\$5,000,000 Commercial General Liability/per occurrence including</b> <b>\$2,000,000 Errors &amp; Omissions/Directors &amp; Officers Liability/ Per Occurrence</b>	\$500	\$3.00 per Member
<b>Sport Accident Insurance – Various Limits</b>	<b>N/A</b>	\$1.60 per Member
\$25,000 Legal Defense Expenses/Per Occurrence \$50,000 Annual Aggregate (applicable to PSO & Districts only)	\$500	

**NOTES:**

- Property quote info to be provided at a later date
- Above premiums subject to 8% Ontario Tax.
- See next page for brief description of coverages

*Insurer: GameDay Insurance Inc./ Aviva Insurance Company of Canada*

## The Insurance Program consists of the following coverages:

### Commercial General Liability Coverage

This coverage provides protection if you are sued by someone claiming they have suffered an injury or damage to their property due to your negligence. This lawsuit could be by a spectators or even one of your own members who was injured during practice or a tournament. The liability policy will respond to the lawsuit and provide defense and settlement (up to the policy limit).

### Errors & Omissions/Wrongful Acts

This coverage protects the insured member including your “executive officers” and “directors”, employees and volunteers for consequences of their actions against suits alleging wrongful acts, but only with respect to the conduct of your business. This coverage responds to “civil proceedings” (statement of claim) and does not cover Human Rights or other Tribunal (non-civil proceeding issues). This coverage does not respond to employment related issues such as wrongful dismissal.

### Sport Accident Coverage

The sport accident policy allows a member who was accidentally injured to recoup out of pocket expenses they have had due to an injury. This coverage is applicable in Canada only and is secondary to any other health care plan(s). Coverage response to reasonable expenses incurred within 52 weeks of the accident

Key coverages:

- Medical Expense Reimbursement - any one Insured – up to \$15,000 - Medical expenses such as physiotherapy, chiropractor, nurse services, ambulance, prescription drugs, crutches, splints etc.
- Dental Accident Reimbursement – up to \$10,000 –, Coverage to treat, repair or rebuild teeth damaged in the covered accident.
- Fracture Indemnity - up to \$1,000 – A payment to the injured person when certain types of complete fractures are suffered, for example: skull, femur, jawbone, nose, kneecap, etc.
- Principal Amount – up to \$50,000 – Payment in the event of certain significant injuries, for example: loss of life, quadriplegia, paraplegia, loss of both hands, loss of an arm.

### Legal Expense

Provides reimbursement of legal expenses incurred by you in the course of a complaint to the Canadian Human Rights Commission or the provincial or territorial equivalent up to the coverage limit. **This coverage is applicable to Badminton Ontario & Districts only (not clubs).**

*The above is a snap shot of coverages only. Please refer to the policy wording for full coverage details.*

**Date of Document: June 4, 2021**

**By typing your name or parent/Guardian on this, you agree that you are to be bound by all that is contained in this Consent Form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian (if the individual is younger than eighteen (18) years old)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian (if the individual is younger than eighteen (18) years old)