

DESCRIPTION OF COVERAGE FOR

**NATIONAL LITTLE BRITCHES RODEO ASSOCIATION, INC.**

**PARTICIPANT ACCIDENT INSURANCE**

**ELIGIBILITY**

Class 1: All registered contestants of the NLBRA participating in sanctioned activities sponsored and supervised by the Sponsoring Organization.

Class 2: All registered associate members of the NLBRA participating in sanctioned activities sponsored and supervised by the Sponsoring Organization.

**Paralysis Benefits** - When you suffer injuries that result in hemiplegia, paraplegia, or quadriplegia that starts within 365 days after the accident, continues for one year and has a prognosis that such loss will be permanent, benefits will be paid as follows:

For Hemiplegia.....	\$10,000.00
For Paraplegia.....	\$10,000.00
For Quadriplegia.....	\$20,000.00

**EFFECTIVE DATE**

Your insurance is effective on the later of: (a) the policy effective date or (b) the date you become an eligible Insured under the policy.

**Accident Only Comatose Benefit** - If you lapse into an irreversible coma due to covered injuries received in an accident, benefits will be paid as follows. Beginning on the 32<sup>nd</sup> day of the coma, 1% of your Principal Sum will be paid per month over 12 months or until death, whichever comes first. Upon death, any remaining Principal Sum will be paid as provided in the policy. If any other benefits for this condition are payable under the policy only one of the amounts, the largest applicable, will be paid.

**COVERAGE**

We will pay the benefits in this Memorandum of Coverage for an Insured while:

- participating in a Sponsored and Supervised Activity;
- traveling as part of a group in transportation authorized or arranged by the Sponsoring Organization; or
- traveling directly and without interruption between:
  - the Insured's home; and
  - the site of the Sponsored and Supervised Activity.

**Accident Medical Expense - \$20,000.00 Maximum Benefit Amount.** When covered Injuries result in treatment by a physician beginning within 60 days after the date of the accident, we will pay the Medical Expense incurred, in excess of the \$100.00 Medical Deductible\*.

Only covered Medical Expense incurred by the Insured within 52 weeks from the date of the accident is covered.

**BENEFITS**

**Accidental Death and Specific Loss Benefits – \$15,000.00 Principal Sum Amount.**

Benefits are payable when covered injuries result in loss within 365 days after the date of the accident. Certain losses are payable at 100% of the Principal Sum and other losses are payable at a lesser percentage, as follows:

**Loss of:**

Life.....	\$15,000.00
Two Members.....	\$15,000.00
One Member.....	\$7,500.00
Thumb and Index Finger of the Same Hand.....	\$3,750.00

**Excess Provision** - Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation.

**\*NOTE:** Regardless of the benefit amounts paid by other insurance providers, the stated deductible amounts must be met/paid by the Insured before benefits under this program are payable.

Loss is defined as the severance of the hand or foot at or above the wrist or ankle joint; total and irrecoverable loss of entire sight, speech or hearing; and severance of two or more entire phalanges of both the thumb and index finger. To receive benefits, loss must be independent of sickness and all other causes.

## **PAYMENT OF CLAIMS**

Follow the "Claim Filing Procedure" on your NIRA Identification Card.

Claims for this coverage are administered by:

Health Special Risk, Inc.  
8400 Belleview Dr, Suite 150  
Plano, TX 75024  
Phone: 1-877-534-7669

## **DEFINITIONS**

**Hospital** means an institution which:

- is operated pursuant to law;
- has organized facilities for the care and treatment of sick and injured persons on a resident of inpatient basis;
- is under the supervision of a staff of one or more Physicians;
- provides 24-hour nursing service by registered nurses on duty or call; and
- has medical, diagnostic and treatment facilities, with surgical facilities on its premises or available to it on a prearranged basis.

**Injury** means bodily harm which:

- requires treatment by a Physician;
- results in loss due to an Accident, independent of sickness and all other causes; and
- occurs within the Scope of Coverage.

Bodily harm does not include a Pre-Existing Condition

**Paralysis** means loss of function of one or more limbs as a result of neurological damage, without Severance of a limb. Paralysis must start within the Loss Period stated in the Schedule. This loss must be determined by a Physician to be complete and irreversible. The Insured must be under the care of a Physician for 12 consecutive months from the date of loss of function. At the end of this time, a Physician must determine that the loss of function is not reversible.

## **EXCEPTIONS**

We will not pay benefits for a loss due to or expenses incurred for:

1. intentionally self-inflicted injury, suicide while sane;
2. Injury caused by, attributable to, or resulting from the Insured's Intoxication;
3. Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
4. operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage;
5. operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred;
6. commitment of or an attempt to commit a felony, or engagement in an illegal activity;
7. an act of declared or undeclared war;
8. active duty service in any Armed Forces;
9. operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the Insured Risk section of this policy;
10. injuries associated with activities or travel outside the United States;
11. sickness, disease, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
12. orthodontic braces or appliances;
13. any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law;
14. a charge which is in excess of the Reasonable Allowable Expense;
15. eyeglasses, contact lenses, hearing aids, or related examinations or prescriptions.

**This brochure summarizes the provisions of the policy issued to National Little Britches Rodeo Association (NLBRA) Should there be any discrepancy between the policy and this description, policy provisions will prevail.**

Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175