



**ONTARIO RINGETTE ASSOCIATION  
3 CONCORDE GATE, SUITE #207  
TORONTO, ONTARIO M3C 3N7**

---

# **NOTICE to the MEMBERS**

## **INSURANCE COVERAGE**

We are part of a National Insurance Program provided through Ringette Canada. The Broker handling the coverage is BFL Canada.

A "Certificate of Insurance" document is enclosed for when you are required to show evidence of insurance coverage. All insurance forms (A-F-06 and A-F-07) can be printed from the ORA website at [www.ontario-ringette.com](http://www.ontario-ringette.com) in the Forms & Appendices section. If you are unsure on how to fill out the Additional Insurance Request Form (A-F-07), a **sample request form** is posted below.

1. Liability Coverage is provided for all normal Sports and Social Activities administered by the Ontario Ringette Association and its member local associations. Normal activities are considered to be clinics, games, practices, training activities/ringette camps, fundraising/promotional events, association and/or team meetings, banquets, registration events and functions, etc. These events must be approved by your Association Executive to be considered Sanctioned.

**This does not cover events/functions involving the serving of alcoholic beverages.** A specific insurance extension, which involves an additional fee, is required for such events/functions. Contact the O.R.A. office one (1) month in advance of the event to ensure proper coverage is in place. This only applies when associations/participants are directly responsible for the serving of alcohol.

It is strongly recommended that Host Liquor Liability Insurance be obtained even if you are not directly responsible for serving liquor.

2. Sport Accident Coverage provides coverage to those who have paid dues and insurance for participating in the Sport of Ringette. Coverage is not provided for an injury while participating in other activities (soccer, running, swimming, etc.). The Ontario Ringette Association only provides supplemental coverage for medical expenses only. Any additional insurance is strictly the responsibility of an individual member.
3. If you are required to have your local city, etc. named as an "Additional Insured" on the policy complete the "Certificate of Insurance Request Form" and submit it to the ORA office. Allow two (2) weeks notice for us to arrange this coverage at no extra cost.

See over for more information.

September 2016

## Insurance Coverage – How Does It Work?

Liability Coverage To be eligible for coverage the following conditions must be met:

- a) Local associations must be in good standing and have paid their annual membership fees and submitted the registration form.
- b) All voting members of the Association Executive must be registered with the O.R.A (dues and insurance).
- c) Coverage for games, practices, training activities, skills training on an ongoing basis
  - coach must have association executive approval.
  - All players taking part must be registered (MRF completed, dues/ insurance and registration fees paid).
- d) Coverage for power skating/ skills clinics (1-2 days duration)
  - Organizers must have Association Executive approval
  - all players taking part must be registered (completed MRF, dues and insurances paid)
- e) Coverage for Ringette Day Camps/Ringette Schools/Player Clinics (1-5 days duration in the same week)
  - organizers must have association executive approval
  - all players taking part must be registered (MRF completed, dues and insurance paid)
  - submitted \$15.00 administration fee and Camp Registration Form SD-F-01 to ORA.

The association must maintain a separate list of non-registered volunteers, who periodically assist the association in some capacity. The association has liability coverage for the actions of these volunteers only.

Sport Accident Coverage: (Supplemental Coverage for Medical Expenses only)

All registered players, bench staff, executive and officials of O.R.A., in good standing with the association, are eligible for this coverage.

**Note:** Sport accident coverage is a supplemental program and is only to be used if: 1) Expenses are above what OHIP covers, 2) your primary insurance provider no longer or does not cover the expense or 3) you have no other insurance coverage.

**No Claim Involved:** Fill out and submit a Sport Injury Report Form (M-F-13) within seven (7) days. These are shared with the insurance company to hold open the claim for twelve (12) months.

**Claim Procedure:** Download from our website the Athlete Claim Form provided by BFL Canada. An attending physician's statement is required if you are submitting expenses other than an ambulance ride or dental claim. Fill out the form(s) completely and attach all accompanying receipts and send it to the ORA office. The original signed copy must be submitted.

**Note:** Medical attention must be sought within thirty (30) days of the incident or the injury is no longer considered as a result of the accident.

The ORA office verifies the claimant is eligible for coverage and submits all forms and receipts to the insurance company within one (1) week upon receipt of the same.

The insurance company does not pay medical bills directly and will not process incomplete forms. The claimant is responsible for paying all bills. All approved claims will be refunded directly to the claimant.

The Policy does not cover lost wages from employment.

Vehicle Rental Coverage:

Collision coverage for rental vehicles (up to \$50,000 limit) is restricted to provincial championships and approved provincial level administrative meetings. Liability coverage is covered by the owner of the vehicle by law.

# Ontario Ringette Association: Summary of Sport Accident Coverage

**Eligible:** individuals who are under the age of seventy-five (75) and registered through an Association (Member) or directly with the ORA.

**Context:** What we call Sport Accident Coverage is covered under Accidental Death & Dismemberment (AD&D)

**Scope:** AD&D insurance provides coverage to participants for injuries they may sustain while participating in, (or travelling to and from) a sanctioned activity at the time of the accident causing injury.

## **Limits of Insurance**

Accidental Death	
Dismemberment (subject to schedule)	\$ 15,000
Paralysis (Quadriplegia, Paraplegia, Hemiplegia)	\$ 30,000
Dental - \$250/tooth	\$ 5,000 max per accident
Bone Fractures (subject to schedule)	\$ 300
Occupational Training	\$ 3,000
Tutorial Service (\$20hr)	\$ 2,000
Ambulances	\$ 1,000
Accidental Medical Treatment Benefit	\$15,000
Repatriation Benefit	\$15,000
Rehabilitation Benefit	\$15,000
Family Transportation	\$15,000
Home alteration vehicle modification	\$15,000
Emergency Taxi	\$ 50

\*Within thirty days (30) days from date of accident when recommended by a Physician:

Physiotherapy	\$500 max per accident
Chiropractor	\$500 max per accident
Hearing aids/crutches/splints/casts/braces –max 50%	\$300/year
Glasses	\$100
Cost of prescription drugs and medicines	
Hospital charges for difference between public ward and semi-private room	\$5000

Reimbursement shall only be provided to expenses that:

- a) incurred in Canada
- b) incurred within fifty-two weeks of the date of the accident causing injury, except as \*noted
- c) incurred only for therapeutic and not elective treatment, and
- d) supported by original receipts submitted to the Company as proof of claim.