

**USA Triathlon**  
**Event Medical Professional Liability Program**



**SUMMARY OF INSURANCE** (Page 1 of 2)  
Effective 3/1/2020-3/1/2021

**UNDERWRITING COMPANY**

National Fire & Marine Insurance Company  
(program underwritten through **Medical Protective**)  
A.M. Best Company Rating of "A++ (Superior)"

**COVERAGE HIGHLIGHTS**

Medical Professional Liability coverage for volunteer physicians and all other volunteer healthcare providers providing services in connection with USA Triathlon sanctioned events enrolled in the program.

- **Named Insureds:** The following parties are included as Named Insureds under the program:  
  
USA Triathlon; Volunteer physicians and all other volunteer healthcare providers providing services in connection with enrolled sanctioned events. Event Medical Directors that are either employed or contracted to coordinate the volunteer event medical staff are also included.
- **Policy Structure:** The program is being underwritten by MedPro through a Risk Purchasing Group (RPG).
- **Coverage Form:** Occurrence based coverage form (rather than claims-made coverage form).
- **Prior Acts Coverage:** Prior acts coverage is included for those organizations insured through the previous claims-made Event Medical Professional Liability program.
- **Policy Territory:** The policy provides coverage for claims arising out of Worldwide acts, provided that the claim or suit is brought in the U.S.A.
- **Other Insurance Requirements:** Coverage under this program is primary in the absence of any other medical professional liability coverage. Volunteer medical providers are not required to provide evidence of other medical professional liability insurance.

**PROFESSIONAL LIABILITY LIMITS**

Each Occurrence:	\$1,000,000
Aggregate (Per Sanctioned Event)*:	\$3,000,000
Defense Costs:	In addition to the limit of liability
Deductible:	None

*\*Policy is not subject to an annual aggregate limit. Each event has its own aggregate limit.*

**PROGRAM ELIGIBILITY REQUIREMENTS**

- **Eligible Events:** Coverage will only be provided for USA Triathlon sanctioned events that have submitted the required enrollment form and remitted the required premium to USA Triathlon. Participation in the program is voluntary for each event.
- **Eligible Persons:** All volunteer physicians (including medical doctors, practitioners, resident physicians, chiropractors and other licensed physicians in all specialties) and all other volunteer healthcare providers (including physician assistants (PA), nurses, emergency medical technicians (EMT), paramedics, athletic trainers, physical therapists, and massage therapists). Volunteers who receive a small stipend and/or expense reimbursement are eligible for coverage under the program. Event Medical Directors that are either employed or contracted to coordinate the volunteer event medical staff are eligible for coverage under the program. Volunteer team physicians and other volunteer medical support staff who travel with U.S. teams to international competitions are also eligible for coverage.
- **Credentialing/Licensing Requirements:** The volunteer physicians and all other volunteer healthcare providers must be licensed (in good standing) in the state where the providers normally practice/work. There is not a requirement to be licensed in the state where the event takes place.



**Insurance Office of America, Inc.**  
300 S. Jackson St., Suite 500 Denver, CO 80209  
720.524.4700 (Telephone)  
720.524.6544 (Fax)  
[JD.Wallum@ioausa.com](mailto:JD.Wallum@ioausa.com)

2/28/2020

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**RATE STRUCTURE**

Rates include all premiums, fees and surplus lines taxes.  
The following per provider rates apply:

\$56.00 Volunteer Physicians/Doctors\*  
\$20.00 All Other Volunteer Healthcare Providers\*\*

*\*Doctors shall include all medical practitioners, resident physicians, chiropractors and other licensed physicians in all specialties.*

*\*\*All other volunteer healthcare providers shall include physician assistants (PA), nurses, emergency medical technicians (EMT), paramedics, athletic trainers, physical therapists, and massage therapists.*

**ENROLLMENT/APPLICATION PROCESS**

- **Enrollment (by Event):** Prior to each participating event, the Event Organizer will notify USA Triathlon of its intent to participate in the program.

**Enrollment Form:** Each event will submit a final list of all volunteer physicians and all other volunteer healthcare providers using the attached Enrollment Form. Enrollment form and payment must be remitted to (or received by) USA Triathlon two weeks prior to the event start date. The form requires the name and specialty for each volunteer physician and all other volunteer healthcare provider. By completing the form, each volunteer physician and all other volunteer healthcare providers are certifying that he/she is a duly licensed, certified, or registered in the state where he/she is authorized to perform services within scope of practice. The name and specialty of each volunteer physician and all other volunteer healthcare provider must be listed for coverage to apply.

- **Certificates/Evidence of Insurance:** By request, Insurance Office of America, Inc. will issue a Certificate of Insurance as Evidence of Coverage for the enrolled event.

**TO REQUEST OR SUBMIT AN ENROLLMENT FORM**

USA Triathlon  
Attn: Event Services - Ph: (719) 597-9090  
5825 Delmonico Drive, Suite 200  
Colorado Springs, CO 80919

**FOR COVERAGE QUESTIONS, PLEASE CONTACT**

Insurance Office of America, Inc.  
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*The information contained in this summary is intended to serve only as an outline for general understanding of your insurance and should not be construed as a legal interpretation of the insurance policies written. Reference should be made to the respective policies for complete details including terms, conditions, limitations and exclusions of coverage. Premiums and coverage information is subject to change without prior notice.*



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