## CHUBB

Registration Protector Enhanced Brochure for US Residents

# Marketed By: PROTECTMYREGISTRATION



# Are Your Participants Prepared for the What Ifs?

They play to win. Their registration fees aren't something they should lose. Registration Protector Enhanced helps athletes recoup registration costs when the unexpected cuts their sports season short.



### Athletes count on you for the opportunity to play their sport. We provide coverage they can count on when they face a game stopper.



### Your participant has a sports season-ending sickness or injury, forcing them to cancel their participation.

Our plans reimburse for non-refundable registration fees if your season is cut short due to a covered sickness, injury, or death of the insured or family member.



## Your participant is in a traffic accident preventing them from finishing their sports season.

Our plans reimburse for non-refundable registration fees if your season is cut short due to the insured being directly involved in a traffic accident, substantiated by a policy report, while en route to the Event.

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# Your participant's residence is damaged and they need to forfeit the remainder of the sports season.

Our plans reimburse for non-refundable registration fees if your season is cut short due to the Primary Residence of the insured, their parent, or legal guardian if you are a child, being made Uninhabitable or inaccessible by Natural Disaster, vandalism, or burglary.



Chubb provides reassurance that we will be there to help if any of these incidents occur. We designed our plans to cover for the unexpected risks related to season sports.

For more information, contact our Chubb Customer Service Center at +1 844.825.2263.

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# Coverage Overview

Schedule of Benefits	Registration Protector Enhanced
Event Cancellation*	100% of Event Costs (\$10,000 maximum)
Event Interruption*	100% of Trip Costs (\$10,000 maximum)

#### Extra Coverage: When the Insurance Plan is Purchased within 7 days of Initial Registration Fee Payment

Pre-Existing Medical Condition Exclusion Waiver\*\*

Included

\*Definition: **"Event"** means a function or series of functions, with specified dates, that an Insured attends as a spectator or participant and requires a Registration Fee.

\*\*The Company will waive the pre-existing medical condition exclusion if the following conditions are met: 1) This Policy is purchased within 7 days of Initial Registration Fee Payment; 2) The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Event at the time of purchase and the costs of any subsequent arrangements added to the same Event are insured within 7 days of the date of payment or deposit for any subsequent Event arrangements; 3) All Insured's are medically able to participate in or attend the Event when this plan cost is paid; 4) The Registration Fee does not exceed \$10,000 per person. This coverage will be terminated and no benefits will be paid under this Pre-existing Medical Condition Exclusion Waiver coverage if the full costs of all prepaid, non-refundable Event Costs are not insured.

Coverage limits are per person.



## Coverage Details

#### Event Cancellation and Interruption Coverage

Reimburses full, forfeited, event cost up to the Maximum Limit shown above, if you cannot attend an event or reimburses the pro-rated unused portion of the non-refundable cost paid for an event up to the Maximum Limit shown above, if your attendance of the event is discontinued after the start date due to any of the following Unforeseen events:

• Your or your family members' sickness, injury or death;

• Your sickness or injury or sickness or injury of your family member traveling with you must be so disabling as to reasonably prevent you from attending the event or which results in medically imposed restrictions as certified by a physician at the time of loss preventing your completion of the event;

• Sickness of a family member not traveling with you must be because their condition is life-threatening as to reasonably prevent you from attending the event or they require your immediate care;

• Your, or your parent or legal guardian if you are a Child, Primary Residence being made Uninhabitable or inaccessible by Natural Disaster; vandalism, or burglary;

• You are subpoenaed, required to serve on a jury, required to appear as a witness in a

legal action, provided you are not: 1) a party to the legal action; or 2) appearing as a law enforcement officer;

• You, or your parent or legal guardian if you are a Child, is called to active military service as a reservist, firefighter, or police staff; to provide aid or relief in the event of a natural disaster, or military leave is revoked or reassigned;

• You have complications of pregnancy and/or a normal pregnancy or childbirth. Complications of pregnancy or normal pregnancy or childbirth must occur after your effective date of coverage and can be verified by medical records;

• You are directly involved in or delayed due to a traffic accident, substantiated by a police report, while en route to the Event;

• You, or your parent or legal guardian if you are a Child, have an involuntary employer-initiated permanent transfer within the same organization of 250 or more miles which requires your primary principal residence to be relocated provided that you have been an active employee with the same employer for at least 5 continuous years. Notification of the transfer must occur after the effective date of coverage and the transfer must occur within 30 days of the start date;



• You, or your parent or legal guardian if you are a Child, becomes legally separated or divorced after the effective date of the Event Cancellation coverage. Cancellation must occur within 21 days of the legal separation or divorce;

• You being the victim of a Felonious Assault within 10 days prior to the start date or during the event. No coverage is provided for Felonious Assault committed by another Insured, Family Member, Traveling Companion or Traveling Companion's Family Member.



## Coverage Exclusions

This plan does not cover any loss caused by or resulting from:

• intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, while sane or insane;

• Normal Pregnancy or Childbirth, other than Unforeseen Complications of Pregnancy, (unless as specifically covered herein), of the Insured;

• mountaineering where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment;

• war or act of war, whether declared or not, participation in a civil disorder, riot, or insurrection;

• operating or learning to operate any aircraft, as student, pilot, or crew;

• air travel on any air-supported device, other than a regularly scheduled airline or air charter company;

 commission of or attempt to commit a felony by the Insured, a Family Member, or a Traveling Companion whether insured or not;

• Mental, Nervous or Psychological Disorders;

• being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit;

• participation in underwater activities scuba diving;

• any loss that occurs at a time when this coverage is not in effect;

• changes in plans by the Insured, a Family Member, or Traveling Companion, for any reason;

• financial circumstances of the Insured, a Family Member, or a Traveling Companion;

 any business or contractual obligations of the Insured, a Family Member, or Traveling Companion for any reason;

• any government regulation or prohibition;

• failure of any ticket broker, tour operator, Common Carrier, person or agency to provide the bargained-for arrangements or to refund money due to the Insured, unless otherwise covered under this Policy;

• Financial Default.



### Pre-existing Medical Condition Exclusion:

The Company will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition excluding any condition from which death ensues) of an Insured, or Family Member which, within the 90 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened, became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.



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### **Presented by**:

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