

SecureFee™

Event Registration Cancellation Insurance Description of Coverage



How it Works

There are two plan options. Your coverage will depend upon the length of the event for which you have registered.

- For single day endurance events such as 5Ks, 10Ks, marathons and similar athletic events, and for multi-day sports events such as camps, clinics, tournaments, leagues and similar athletic events which are scheduled for less than 45 days in length, you may be reimbursed the cost of your non-refundable, unused registration fee, if you are unable to attend the registered event for any of the **Covered Reasons** listed below. Your coverage begins on the date that you pay your registration fee and continues until the first scheduled day of your event.
- For multi-day sports events such as camps, clinics, tournaments, leagues and similar athletic events which are scheduled for 45 days in length or longer, you may be reimbursed the pro-rata percentage of the unused portion of the registration fee, less any refunds, in the event you are unable to participate in the event for which you have registered for at least thirty (30) consecutive days due to one or more of the **Covered Reasons** listed.

The maximum amount recoverable for any registration is the Registration Fee paid, up to \$5,000.

Covered Reasons

Your coverage and the covered reasons applicable to your coverage will be determined by the length of the event for which you have registered.

For single day endurance events and for multi-day sports events which are scheduled for less than 45 days in length, the following Covered Reasons apply.

- You suffer a **serious injury or unforeseen serious illness** that prevents you from being able to participate in the event. You must be examined by a Physician within 72 hours of the cancellation and the Physician must advise you not to attend the event.
- Your Family Member suffers a **serious injury or unforeseen serious illness** that is life threatening or requiring hospitalization. Your Family Member must be examined by a Physician within 72 hours of the cancellation.
- **Your death or the death of a family member**
- You're involved in a **traffic accident that damages your vehicle** on the day of the event, requiring you to immediately repair it to ensure safe operation of the vehicle

- You're involved in a **traffic accident while en route to a departure on a common carrier** and consequently miss your transportation to the event, provided that the transportation was scheduled to depart no more than 48 hours prior to the event, and the common carrier was unable to accommodate them on later transportation which would arrive in time to the event.
- You don't arrive at the venue and miss the event because of a **delay by the common carrier** used for transportation
- Having your **personal leave revoked** while on Active Military Duty (except for disciplinary reasons)
- A Family Member suffers a **serious injury or unforeseen serious illness which requires you to provide primary care to that person**. Your Family Member must be examined by a Physician within 72 hours of the cancellation.

For multi-day sports events which are scheduled for 45 days in length or longer, the following Covered Reasons apply.

- You suffer a **serious injury or unforeseen serious illness** that results in you being unable to participate in the season for at least 30 consecutive days. You must be examined by a Physician within 72 hours of the cancellation and the Physician must advise you not to participate in the season.
- Your Family Member suffers a **serious injury or unforeseen serious illness** that is life threatening or requiring hospitalization for at least 30 consecutive days. Your Family Member must be examined by a Physician within 72 hours of the cancellation.
- Having your **personal leave revoked** while on Active Military Duty (except for disciplinary reasons)
- A Family Member suffers a **serious injury or unforeseen serious illness which requires you to provide primary care to that person** for at least 30 consecutive days. Your Family Member must be examined by a Physician within 72 hours of the cancellation.
- **Your death**
- You, after having been with the same employer for at least 3 continuous years, are **involuntarily terminated or laid off**, after the effective date of coverage.
- You are **unexpectedly required to work during the time of the event**. You must provide Us with written certification from your employer that you were unexpectedly required to work during the time of the scheduled event. This Covered Reason is not available if you are self-employed.

What's Not Covered

You will not be reimbursed if you cannot participate as a result of any of the following:

1. Pre-Existing Conditions*
2. Intentionally self-inflicted harm, suicide or attempted suicide;
3. Normal Pregnancy (unless specifically covered), fertility treatments, Childbirth or elective abortion, other than unforeseen complications of your or a Family Member's pregnancy;
4. Mental or nervous health disorders, including but not limited to: anxiety, depression, neurosis or psychosis; or physical complications related thereto of you or a Family Member;
5. Alcohol or substance abuse; or conditions or physical complications related thereto of you or a Family Member;
6. War (whether declared or undeclared), acts of war, military duty (unless specifically covered), civil disorder, or unrest;
7. Operating or learning to operate any aircraft as pilot or crew;
8. Nuclear reaction, radiation or radioactive contamination;
9. Natural Disasters (unless as specifically covered);
10. Terrorism;
11. Financial Default;
12. Epidemic or Pandemic;
13. Pollution or threat of pollutant release;
14. Any unlawful acts committed by you or Family Members, whether they are insured or not;
15. a) making changes to personal plans or b) having a business or contractual obligation unless as covered herein;
16. The Event being cancelled or delayed by the venue or promoter for any reason (including bad weather) unless as covered herein;
17. Prohibition or regulation by any government;
18. Lost or stolen Tickets;
19. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
20. Participating in skydiving; hang gliding; parachuting; mountaineering where ropes or guides are normally used; racing by horse, motor vehicle, or motorcycle; bungee cord jumping; deep sea diving; spelunking or caving; heli-skiing; extreme skiing; rock climbing;
21. Participation as a professional athlete;
22. Participation in any military maneuver or training exercise, police service, or any loss while you are in the service of the armed forces of any country. Orders to active military service for training purposes of 2 months or less will not constitute service in the armed forces;
23. Accidental Injury or Sickness when traveling against the advice of a Physician;
24. Venereal disease or syphilis or other sexually transmitted disease;
25. Tuberculosis, Severe Acute Respiratory Syndrome or other chronic airborne pathogen;
26. Your participation in civil disorder, riot or a felony; or
27. Any expected or foreseeable events.

**Pre-Existing Conditions means your or your Family Member's Injury or Sickness within the 90-day period immediately preceding the Policyholder's Policy Effective Date:*

1. For which medical advice, diagnosis, care, or treatment was recommended or received by a Physician; or
2. That 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.

How to File a Claim

Please call the SecureFee™ Claims Intake Line at APRIL, at **866-232-0738** within 20 days after a covered reason. (Be sure to have your policy number handy!)

Have questions?

For more information or general inquiries, please contact our administrator, APRIL Travel Protection.

Call Toll-Free: **866-232-0738**

Email: eventinsurance@april-usa.com

Eligibility & Additional Terms

This is a brief description of coverage provided under policy form series SI-25000P and SI-25010AE underwritten by StarNet Insurance Company (domiciled in Iowa - California Certificate of Authority #6978) 2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy for complete details. Coverage terms, conditions, limitations and exclusions may vary or may not be available in all states.

Capitalized terms used in this Description of Coverage are defined in the policy. Coverage under the policy is primary.

The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential coverage as set forth under the Patient Protection and Affordable Care Act.

Licensed Supervising Producer: Roanoke Insurance Group Inc. 1475 E. Woodfield Rd Ste 500, Schaumburg, IL 60173. 847-969-1420. IL license number 199293266 / California license number 0B57692