ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,

Forms a part of Policy No.:

**MEDICAL PAYMENTS FOR PARTICIPANTS COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**SCHEDULE**

|  |
| --- |
| Specified Activities: Refer to [ ] or [List Activities Here] |
| Medical Payments For Participants Limit: Enter limit here or Refer to Member Certificate |
| \_\_\_Primary  -----Excess Insurance |

------- Deductible Will Be Reduced By Other Insurance Or Plan

1. Exclusion **2.e.** Athletics Activities under **SECTION I - COVERAGE, COVERAGE C – MEDICAL PAYMENTS** is replaced by the following:
   1. **Athletics Activities**

To a:

* + 1. "Participant"; or
    2. Person, other than a "participant", injured while practicing, instructing, or participating in any physical exercises or games, sports, or athletic contests.

1. The following is added to **SECTION I - COVERAGES**:

**MEDICAL PAYMENTS FOR PARTICIPANTS**

1. **Insuring Agreement**
   1. We will pay medical expenses as described below for "bodily injury" to a "participant" caused by an accident, provided that:
      1. The accident takes place:
         1. In the "coverage territory";
         2. During the policy period; and
         3. While the "participant" is engaged in the Specified Activities shown in the Schedule of this endorsement;
      2. The expenses are incurred and reported to us within two years of the date of the accident; and
      3. The injured "participant" submits to examination, at our expense, by physicians of our choice as often as we reasonably require.
   2. We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance as described in Paragraph **C.** of this endorsement. We will pay reasonable expenses for:
      1. First aid administered at the time of an accident;
      2. Necessary medical, surgical, X-ray and dental services, including prosthetic devices; and
      3. Necessary ambulance, hospital, professional nursing, and funeral services.

# Exclusions

This Medical Payments For Participants coverage does not apply to:

# Coverage A Exclusions

"Bodily injury" that is excluded under **SECTION I - COVERAGES, COVERAGE** **A,** Exclusions **2.a., b., c., d., e., f., g., h., i., o.,** and **q.**

# Coverage C Exclusions

Expenses for "bodily injury" that is excluded under **SECTION I - COVERAGES, COVERAGE** **C,** Exclusions **2.a., b., c., d.,** and **f.**

1. With respect only to the coverage provided by this endorsement, the following is added to **SECTION Ill – LIMITS OF INSURANCE**:

Subject to the General Aggregate Limit Of Insurance shown in the Declarations, the Medical Payments For Participants Limit shown in the Schedule of this endorsement, or on the member certificate is the most we will pay for the sum of all medical expenses because of "bodily injury" sustained by any one "participant".

1. If Excess Insurance is indicated by an "X" in the Schedule of this endorsement, then with respect only to the coverage provided by this endorsement, Condition **4.** Other Insurance under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

# 4. Other Insurance

This insurance is excess over any insurance which provides coverage for medical expense, including any ERISA governed plan.

**E**. With respect only to this endorsement, the following definition is added to **SECTION V- DEFINIITONS:**

"Participant" means a person practicing, instructing or participating in any physical exercises or games, sports or athletic contests or any person engaged in the activities of your day camp operations. In addition, “participant” includes a coach, umpire or referee taking part in your operations

# F. Deductible

Our obligation under Medical Payments For Participants coverage to pay medical expenses on your behalf applies only to the amount of expenses in excess of any deductible amount shown in the Extension Of Declarations.

If Deductible Will Be Reduced By Other Insurance Or Plan is indicated by an "X" in the Schedule of this endorsement, then covered medical expenses paid or payable under any other insurance policy or plan will reduce the deductible amount.

All other terms and conditions remain unchanged.

-------------------------------------------

Authorized Representative