

True North Hockey Canada Inc.
Summary of Coverage
September 15, 2020 to September 15, 2021

Description of Operations: True North Hockey Canada Inc. (Recreational Hockey League)

Insurer: Markel Canada: Certain Underwriters at Lloyd's under Contract MKL2018001 - 100%
Policy Number: ACL6663

Location: Suite 304 - 4920 Dundas St. W., Toronto, ON M9A 1B7

PARTICIPANT ACCIDENT SCHEDULE OF BENEFITS

BENEFIT	MAXIMUM AMOUNT PAYABLE
Accidental Death and Dismemberment Benefits	
Death	\$20,000.00 any one Insured
Loss of two or more limbs or total and irrecoverable loss of sight of both eyes or hearing in both ears or any combination thereof	\$30,000.00 any one Insured
Loss of one limb or total and irrecoverable loss of sight of one eye or total hearing in one ear	\$15,000.00 any one Insured
Loss of thumb and index finger	\$2,000.00 any one Insured
Quadriplegia (complete paralysis of both upper and lower limbs)	\$30,000.00 any one Insured
Paraplegia (complete paralysis of lower limbs)	\$30,000.00 any one Insured
Hemiplegia (complete paralysis of upper and lower limbs of one side of the body)	\$30,000.00 any one Insured
Any injury which prevents the Insured from engaging in any occupation or employment for which he/she is reasonably suited by education, training or experience continuously for a period of 12 months from the date of the accident and is deemed to be permanent or irrecoverable.	\$30,000.00 any one Insured

Supplementary Benefits

Prosthetic Appliances	\$3,000.00 any one Insured
Blanket Medical Expense Reimbursement*	\$20,000.00 any one Insured
Rehabilitation Benefit	\$10,000.00 any one Insured
Tuition Benefit	\$2,000.00 any one Insured
Occupational Training Benefit	\$3,000.00 any one Insured
Special Treatment Travel Expense Benefit	\$1,000.00 any one Insured
Out of Province - Excess Surgical and Medical Accident Benefits (applicable only within Canada)	\$10,000.00 any one Insured
Emergency Transportation Benefit	\$75.00 any one Insured
Transportation / Accommodation Benefit	\$10,000.00
Eyeglass & Contact Lens Expense	\$100.00 any one Insured
Home Alteration & Vehicle Modification Benefit	\$10,000.00
Repatriation Benefits	\$10,000.00
Blanket Dental Accident Reimbursement	\$1,000.00 any one Insured
Dentures, Hearing Aids and Removable Teeth Expense	\$200.00 any one Insured
Fracture or Dislocation Benefit (including Greenstick Type Fracture)	
of the skull (depressed)	\$500.00 any one Insured
of the skull (not depressed)	\$500.00 any one Insured
of the spine (one or more vertebrae)	\$250.00 any one Insured
of the lower jaw (alveolar process accepted)	\$75.00 any one Insured
of the upper jaw	\$75.00 any one Insured
of the shoulder (dislocation)	\$50.00 any one Insured
of the clavicle (collar bone)	\$75.00 any one Insured
of the scapula (shoulder bone)	\$75.00 any one Insured
of the elbow	\$50.00 any one Insured
of the hip	\$125.00 any one Insured
of the pelvis	\$125.00 any one Insured
of the thigh (femur)	\$125.00 any one Insured
of the knee cap	\$100.00 any one Insured
of the sacrum or coccyx	\$100.00 any one Insured
of the sternum	\$50.00 any one Insured
of the leg (tibia or fibula)	\$100.00 any one Insured
of the upper arm (humerus)	\$100.00 any one Insured
of the forearm (radius or ulna)	\$100.00 any one Insured
of the hand or wrist (other than phalanges)	\$100.00 any one Insured
of the foot (other than phalanges)	\$100.00 any one Insured

of the ankle

\$50.00 any one Insured

* Physiotherapy limitation of \$250 per visit with a total of \$600 per accident.

Based on the following: Participant Accident

Principal Sum	Participating Members
\$20,000	2,300
	(Rate is \$2.50 Per Member)

TOTAL COMBINED ANNUAL PREMIUM	\$	5,750.00
8% R.S.T.	\$	460.00
TOTAL PREMIUM DUE	\$	6,210.00

*Terrorism, Data, Mold & Fungi Exclusions are applicable to all sections of the policy.

Subject to:

Participants sign waivers every year. Please provide copy of the standard waiver

Waivers are required to process Participant-Accident claims

Helmet / Visor / Mouthguard Warranty for Dental Claims

Terrorism Exclusion

Premium adjustable at 6 months and end of term

IMPORTANT:

This "Summary of Coverage" is intended for use as evidence that the insurance coverage described herein is in force. It is subject to the standard terms, definitions and conditions of the policy issued by the insurer(s) for this type of insurance, the conditions, limitations and exclusions of which shall prevail at all times. It will terminate on its expiry date or when replaced by the actual policy, whichever occurs first.

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