

CHUBB®

Chubb Accident Insurance Plan for Camps



Camps offer kids opportunities to learn, practice a sport, or explore the great outdoors. Every day can be a new adventure – but this also means that each day may pose a new risk.



Injuries caused by a collision between two campers, slip and falls, or accidents during a game or group activity are just a few examples of the realities your program might face. You've been entrusted with the safety of your campers, as well as your staff or volunteers, which is why you need an adequate response strategy when accidents arise. Chubb's Accident Insurance Plan for Camps has been carefully designed to help close coverage gaps and address your camp's unique needs. Helping campers learn, explore, and create lasting memories is your specialty – and offering accident insurance solutions to help protect your organization is ours.



When you choose Chubb, you're relying on one of the strongest carriers in the market: a specialty Accident & Health carrier with the experience and financial strength to offer rich options, broad coverages and high benefit limits.

Chubb tailored this accident insurance uniquely for camps to cover the unexpected risks that your campers and staff face each day. This plan helps supplement and strengthen the coverage provided by a General Liability (GL) policy, helping to fill gaps in GL's med pay benefit and offering higher medical expense limits. It responds regardless of fault or negligence and may help reduce or even eliminate a claimant's incentive to file suit against your camp.

Having the insurance protection of Chubb insurance bolsters the value of your camp for you, your campers, and the parents and caregivers who entrust you with the safety of their children.



Chubb's Accident Insurance Plan for Camps Offers:

- Valuable Accident Benefits:
 - Medical coverage to help pay for expenses that result from an Accidental injury or sickness (sickness benefits available for overnight camps only)
 - Lump sum payments in the event of death or dismemberment
 - Paralysis and coma benefits
- Confidence knowing your campers and/or staff are covered
- A variety of options to meet your specific needs
- Simple administration — just answer a few basic questions and you're good to go!



Eligibility

Coverage is available for all registered campers, staff members, volunteers, and chaperones of the Policyholder.



Covered Activities

Coverage applies while participating in any scheduled, sponsored, and supervised activities of the Policyholder, whether on or off the camp premises, including travel directly to and uninterruptedly from home and the premises of the sponsored activity. Coverage under this plan does not include activities that occur outside of the US. Please contact Chubb for international coverage.

Product Highlights

Accidental Death & Dismemberment Benefit

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss.

“Loss” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

“Loss of Foot” means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“Loss of Hand” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers, or thumb are later reattached. If the reattachment fails

and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“Loss of Hearing” means permanent, irrecoverable, and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

“Loss of Life” means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

“Loss of Sight” means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“Loss of Sight of One Eye” means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“Loss of Speech” means the permanent, irrecoverable, and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

“Loss of Thumb and Index Finger” means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a

Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger, or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“Quadriplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Hemiplegia” means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Paraplegia” means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

“Uniplegia” means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us.

Schedule of Covered Losses	
Accidental Loss of:	Benefit Amount
Life	100% of Principal Sum
Speech and Hearing	200% of Principal Sum
Speech and One of: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Hearing and One of: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye	200% of Principal Sum
Hand, Foot, or Sight of One Eye	100% of Principal Sum
Speech or Hearing	100% of Principal Sum
Thumb and Index Finger of the Same Hand	50% of Principal Sum
Quadriplegia	200% of Principal Sum
Hemiplegia	200% of Principal Sum
Paraplegia	200% of Principal Sum
Uniplegia	100% of Principal Sum



Coma Benefit

Pays monthly benefits up to the Benefit Amount for Coma if an Accidental Bodily Injury causes an Insured to:

1. lapse into a Coma within thirty (30) days after the Accident;
2. remain in a Coma for thirty (30) consecutive days; and
3. be confined to a Hospital or other licensed facility to receive Medically Necessary treatment for Coma, prescribed and supervised by a Physician, within the first thirty (30) days following the Accident.

Brief lapses from Coma will not be considered an interruption of the consecutive thirty (30) day period or cause a discontinuance in Our payment if the lapses and subsequent Coma recurrences are due to the same Accident.

The Coma monthly payment will be made until the earliest of the date:

1. the Insured dies;
2. the Insured is no longer in a Coma; or
3. total payments equal the Maximum Amount for Coma, shown in the Schedule of Covered Losses.

If an Insured dies within 365 days after the Accident, then We will pay a lump sum equal to the Insured's Principal Sum, less any Benefit Amount for Coma already paid.

“Coma” means a profound state of unconsciousness, as determined by a Physician according to the Glasgow Coma Scale, from which an Insured cannot be aroused to consciousness even by powerful stimulation.

Medical Expenses (Sickness) Benefit*

Reimburses up to the Benefit Amount for Medical Expenses (Sickness) if an Insured Person incurs medical expenses for care and treatment of a disease or illness for which symptoms first appear during a Covered Activity. The first medical expense for such disease or illness must be incurred during a Covered Activity. The Benefit Amount for medical expenses is payable only for medical expenses incurred within 52 weeks after the date of participating in a Covered Activity.

* Benefit applies to residential (overnight) camps only.

Accident Medical Expense Benefit

Helps pay the cost of Medical Expenses resulting from an Accidental Bodily Injury. Accident Medical Expense Benefits are only payable:

- for Reasonable and Customary Charges for Medical Services, up to the Maximum Benefit Amount;
- for Medically Necessary Medical Services;
- if an Insured incurs expenses for care or treatment within 90 days of the Accident causing the Accidental Bodily Injury; and
- for expenses incurred within 52 weeks of the date of the Accident causing the Accidental Bodily Injury.

Coverage is available on a Primary or Excess Basis. Primary coverage means that Accident Medical Expense Benefits apply regardless of other insurance coverage that may be available. Excess coverage means that Accident Medical Expense Benefits are reduced by amounts already paid or payable by any Other Plan of insurance. If a participant has no Other Plan of insurance, then Accident Medical Expense benefits are paid on a primary basis.

“Medical Services” means Medically Necessary services, including, but not limited to: (1) medical care and treatment by a Physician; (2) Hospital room and board and Hospital care, both inpatient and outpatient; (3) drugs and medicines required and prescribed by a Physician; (4) diagnostic tests and x-rays prescribed by a Physician; (5) transportation in an Emergency Transportation Vehicle from the location where such Insured becomes injured to the nearest Hospital where appropriate medical treatment can be obtained; (6) dental care and treatment due to Accidental Bodily Injury; (7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy; (8) treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required; (9) rental of of Durable Medical Equipment; (10) artificial limbs and other prosthetic devices; (11) orthopedic appliances or braces; and (12) eyeglasses, contact lenses and other vision or hearing aids.

Coverage Definitions

“Accident” or “Accidental” means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent

with the patient’s diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient’s condition.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary

continuation plan, or similar benefit provided or required by governmental plan or program.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Coverage Exclusions and Limitations*

Insurance does not apply to any Accident, Accidental Bodily Injury, or Loss caused by or resulting from, directly or indirectly:

- An Insured being in, entering or exiting any aircraft: 1) owned, leased or operated by the Policyholder or on the Policyholder’s behalf; or 2) operated by an employee of the Policyholder on the Policyholder’s behalf.
- An Insured being in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- A declared or undeclared war.
- Suicide, attempted suicide, or intentionally self-inflicted injury.
- An Insured’s emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof.

This does not apply to an Insured’s bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria. This exclusion also does not apply to residential (overnight) camps.

- An Insured participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.
- An Insured being intoxicated (as defined by the laws of the jurisdiction where the Accident occurs) or under the influence of any narcotic or other controlled substance, unless taken and used as prescribed by a physician.
- Any occurrence while an Insured is incarcerated after conviction.
- Insurance also does not apply to any Accident, Accidental Bodily Injury or loss when: 1) the U.S. has imposed any trade or economic sanctions prohibiting insurance of any Accident or Accidental Bodily Injury or; 2) there is any other legal prohibition against providing insurance of any Accident or Accidental Bodily Injury.

In addition, the Accident Medical Expense benefit does not apply to charges and services for:

- Which the Insured has no obligation to pay;
- Any injury for which Worker’s Compensation benefits or occupational injury benefits are payable;
- Any injury occurring while fighting, except in self-defense;

- Treatment that is educational, experimental, or investigational in nature or that does not constitute accepted medical practice;
- Treatment by a person employed or retained by the Policyholder;
- Treatment involving conditions caused by Repetitive Motion Injuries or cumulative trauma and not as the result of an Accidental Bodily Injury;
- Personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, internet access, barber services, or guest meals while confined in a Hospital;
- Routine physical exams that are not the result of an Accidental Bodily Injury;
- Charges and services that are not medically necessary.

Limitations apply to the following:

- If an Insured has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered.
- Policy Aggregate Limit of Insurance: \$1,000,000
- If more than one Insured suffers a Loss in the same Accident, then We will not pay more than the Aggregate Limit shown.

* Exclusions and limitations may vary by state. Coverage is subject to the language of the policies as actually issued.

Customer Information

Name of Camp: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Plan Design Options

Benefit	Plan 1		Plan 2	
	Primary Medical Benefit	Excess Medical Benefit	Primary Medical Benefit	Excess Medical Benefit
Death		\$25,000		
Speech and Hearing		\$50,000		
Speech and One of: Hand, Foot, or Sight of One Eye		\$50,000		
Hearing and One of: Hand, Foot, or Sight of One Eye		\$50,000		
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye		\$50,000		
Hand, Foot, or Sight of One Eye		\$25,000		
Speech or Hearing		\$25,000		
Thumb and Index Finger of the Same Hand		\$12,500		
Aggregate Limit		\$500,000		
Coma		1% of Principal Sum per Month		
Paralysis				
Quadriplegia		\$50,000		
Hemiplegia		\$50,000		
Paraplegia		\$50,000		
Uniplegia		\$25,000		
Accident Medical Expense	\$25,000		\$50,000	
Incurral Period		90 days		
Benefit Period		104 weeks		
Deductible		\$0		
Medical Expenses (Sickness)*		\$5,000		

*Medical Expenses (Sickness) benefit applies to residential (overnight) camps only.

Plan Costs

	Plan 1		Plan 2	
Primary vs. Excess Medical Coverage	Primary Medical Benefit	Excess Medical Benefit	Primary Medical Benefit	Excess Medical Benefit
Youth Camps (Sole purpose is recreational activities with occasional sports/athletic activities.)				
Day Camps	\$.23	\$.21	\$.35	\$.32
Overnight Camps	\$.30	\$.28	\$.42	\$.39
Sport Specific Camps – Low Risk* (Sole purpose is a specific sport activity.)				
Day Camps	\$.30	\$.28	\$.42	\$.39
Overnight Camps	\$.64	\$.62	\$.90	\$.86
*Includes Archery, Badminton, Baseball, Baton Twirling, Billiards, Bowling, Cross Country, Curling, Dance, Fencing, Golf, Handball, Pickle Ball, Racquetball, Rifle and Pistol team, Rowing, Softball, Squash, Swimming, T-ball, Table Tennis, Tennis, Track, Volleyball.				
Sport Specific Camps – High Risk** (Sole purpose is a specific sport activity.)				
Day Camps	\$.70	\$.66	\$.99	\$.93
Overnight Camps	\$ 4.36	\$ 4.08	\$ 6.10	\$ 5.71
**Includes Basketball, Boxing, Cheerleading, Cricket, Cycling, Equestrian, Field Hockey, Football, Gymnastics, Ice Hockey, Inline Skating, Lacrosse, Martial Arts, Polo, Rugby, Skating, Skiing, Soccer, Touch/Flag Football, Wrestling.				

Rate applies on a per-person, per-day basis. Rate includes 15% commission.

Rating Calculation (Minimum Premium is \$300 and includes 15% commission)

Please calculate rate(s) below based on the type of camp(s) applying for coverage. Complete only those that are applicable.

Camp Type (Select all that are applicable)	Check below if staff, volunteers, and/or chaperones are included in participant count	Number of Participants	Rate per Person (From chart above)	Number of Days	Total Premium
Youth Day Camp			\$		\$
Youth Overnight Camp			\$		\$
Sports Specific – Low Risk, Day Camp			\$		\$
Sports Specific – Low Risk, Overnight Camp			\$		\$
Sports Specific – High Risk, Day Camp			\$		\$
Sports Specific – High Risk, Overnight Camp			\$		\$

Overall Total Premium: \$ _____

Requested Coverage Effective Date

Coverage becomes effective on the requested date only if We have received the completed enrollment form and approved the risk on or before the requested effective date. If the enrollment form is received after the requested effective date, coverage will not take effect until We review and approve the risk. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy and coverage applies for one year from the Effective Date of the Policy.

____/____/____

Approval

We will review the completed form promptly and notify you if coverage will be provided, or if there are any problems, miscalculations, or omissions that would prevent us from issuing coverage.

Previous Insurance (Rates may vary from this brochure based on prior claim history.)

If an accident insurance program has been in force for your organization’s participants, please give full details for the past three (3) years:

Policy Year: _____

Total Premium: \$	\$	\$
Total Paid Claims: \$	\$	\$
Number of Claims:	_____	_____

Name(s) of Previous Carrier(s): _____

Check here if no prior coverage (Upon review, more detail may be requested.)

Producer Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Are you appointed with Chubb? Yes No

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer’s decision to provide this insurance, and that insurance will be provided, at the insurer’s sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Signature of Official Authorized to Contract for Policyholder _____ Date Signed _____

Print Name of Official Authorized to Contract for Policyholder _____

Please email completed form to CAHAdmin@chubb.com or send to your Chubb A&H Regional Sales Representative.

CHUBB[®]

Contact Us

For more information, contact your insurance agent or broker or visit us online at www.chubb.com/accident.

This plan is not available to policyholders in NM and WA.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by Federal Insurance Company. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers. Chubb, 202 Halls Mill Road, Whitehouse Station, NJ 08889-1600. (Rev. 5/2026)