

SCHEDULE

Policy Premium: \$3,838.30
Minimum Premium: \$310.00

POLICY NO: 41-SB-930007

POLICYHOLDER'S NAME AND ADDRESS:

INGOMARFRANKLIN PARK ATHLETIC
ASSOCIATION
326 SUNSET ROAD
PITTSBURGH, PA 15237

Previous Policy No: 41-SB-930007

Policy Period: From (Policy Date): 3/30/2014 To: 3/30/2015
12:01 A.M. Standard Time at the address of the Policyholder

Producer's Name and Address:	Agent Code	Form Numbers of the Policy, Riders and attached papers at issue
WELLS FARGO INSURANCE INC (CSG) 600 S HWY 169 FLOOR 12 ST LOUIS PARK, MN 55426	715637	SRP-1400 (HLA),

INSURED PERSON means each person who qualifies as a "Member of a Team" during the Team's Sport Coverage Period.

COVERED ACTIVITIES This policy covers injury resulting from accident which occurs during the Sport Coverage Period for the Insured Person's Team while he or she is:

- (a) participating as a Member of a Team in a scheduled game, an official tournament game, or in a practice session of the Team; or
- (b) traveling directly to or from a game or practice sessions as a Member of a Team.

BENEFITS AND AMOUNTS

Sport: SOFTBALL, 13 - 15

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00

BENEFITS AND AMOUNTS

Sport: SOFTBALL, 12 & UNDER

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00

BENEFITS AND AMOUNTS

Sport: BASEBALL, 13 - 15

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00

BENEFITS AND AMOUNTS

Sport: BASEBALL, 12 & UNDER

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00

BENEFITS AND AMOUNTS

Sport: SOFTBALL, 16 - 18

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00

BENEFITS AND AMOUNTS

Sport: BASEBALL, 16 - 18

Coverage Period From: 3/30/2014 To: 3/30/2015

Accident Medical Expense Benefit	Maximum Benefit:	\$25,000.00
	Deductible Amount:	\$250.00
	Maximum Dental Limit:	\$250.00