

West Chester University Athletic Department
Insurance Requirement Annually

All West Chester University students **before practicing or competing** on an intercollegiate team **must have an approved insurance policy**. West Chester University, the Athletic Department, and Student Services, Inc. will NOT be responsible for any medical bill received as the result of athletics injury if the student does not have at a minimum the basic insurance policy required by the University.

West Chester University Department of Athletics secures additional insurance on each athlete. This policy provides coverage from \$500 to \$75,000., per athletic injury per student-athlete (subject to the limitations and restrictions of the policy) on an excess basis. **Claims must first be submitted to the PRIMARY insurance carrier of the student –athlete**. After determination by the student-athlete’s primary insurance carrier, any unpaid claims which exceed the \$500 deductible, may then through the Assistant Athletic Director be submitted to the Dept. of Athletics Insurance carrier. Students (their family) or their PRIMARY insurance carrier are responsible for the first \$500 of any athletic injury. Military or Federal insurance will not be acceptable, as it does not provide Primary Insurance coverage.

Additionally, West Chester University provides a catastrophic injury insurance policy covering all student-athletes for medical expenses resulting from severe injury sustained during intercollegiate athletics participation. This policy is sponsored by the National Collegiate Athletic Association (NCAA) and provides unlimited protection for the student-athletes lifetime.

Please provide the following information (**annually**). Any student-athlete who misrepresents or falsifies information regarding their primary insurance carrier will assume ALL financial liability for an injury incurred while participating in intercollegiate athletics at West Chester University.

***A photo copy of the insurance card
(Front & Back side of card)
MUST accompany this information.***

Student-Athlete’s Name: _____ **Sport Team :** _____

Home Address : _____

Soc. Sec. # _____ **Local school Phone # (_____)** _____

Local school address: Dorm/ Apt.: _____

Name of Insurance Carrier: _____

Policy # - _____ **Policy is your own? Yes or NO**

You are covered under your Parents’/Guardians’ policy? Yes or NO

I have read the above information and do fully understand its contents and hereby certify the above information is accurate and current. If my insurance changes I will notify the athletic department immediately. **IF I sustain a serious injury and surgery is required I will notify the compliance office and fill out a claim form ASAP.**

Parent/Guardian signature: _____

_____ signature of student- athlete _____ date