



Industrial Alliance Insurance and Financial Services Inc.

(hereinafter called the Company)

Issued to: SASKATCHEWAN SOCCER ASSOCIATION

(hereinafter called the Policyholder)

Policy Number: 100011346 (replacing policy issued May 1, 2016)

Effective Date: DECEMBER 31, 2021

Expiry Date: DECEMBER 31, 2022

In consideration of the payment in advance of the premium in the amount and in the manner set forth herein, the Company agrees to insure eligible persons of the Policyholder who are named or designated herein and for whom application is made by the Policyholder, for loss resulting from Injury to the extent herein provided and subject to all the exclusions, limitations and provisions of this policy.

All periods of time under this policy begin and end at 12:01 a.m., Standard Time, at the address of the Policyholder.

This policy may be renewed only with the consent of the Company for further consecutive terms upon payment of the premium at the rate and in the amount determined by the Company at the time of renewal. The first day of each such term will be a premium due date.

The provisions set forth on the following pages together with this page constitute the policy.

In witness whereof, the Company has caused this policy to be executed by its President and Chief Executive Officer and its Executive Vice-President of Dealer Services and Special Risks, but it will not be binding upon the Company until countersigned by the Company's Registrar.

A handwritten signature in black ink, appearing to read 'James ...', written over a horizontal line.

PRESIDENT AND CHIEF EXECUTIVE OFFICER

A handwritten signature in black ink, appearing to read 'K. ...', written over a horizontal line.

*EXECUTIVE VICE-PRESIDENT,
DEALER SERVICES AND SPECIAL RISKS*

COUNTERSIGNED

A handwritten signature in black ink, appearing to read 'Jhe', written over a horizontal line.

REGISTRAR

DEFINITIONS

“**Accident**” whenever used in this policy means a sudden, unforeseen and unexpected event which arises from a source external to an Insured Person and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease. This event must occur while this policy is in force and be the basis of claim.

“**Airworthiness Certificate**” whenever used in this policy means “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of Canada or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

“**Division Headquarters**” whenever used in this policy means iA Special Markets Division Headquarters of Industrial Alliance Insurance and Financial Services Inc. located at 400-988 Broadway West, PO Box 5900, Vancouver, British Columbia, V6B 5H6, toll-free number: 1-800-266-5667.

“**Flight Time**” whenever used in this policy means the total time from the moment the aircraft first moves under its own power for the purpose of take-off until the moment it comes to rest at the end of the flight.

“**Hospital**” whenever used in this policy means an institution operated pursuant to law for the care and treatment of sick and injured persons, with organized facilities for diagnosis, major surgery and 24 hour nursing service. This does not include a convalescent or nursing home, or home for the aged, or health spa, or rehabilitation centre, or a facility for the treatment of alcoholism, drug addiction or mental illness.

“**Injury**” whenever used in this policy means bodily injury caused by an Accident occurring while this policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease or treatment for the illness or disease.

“**Insurance Act**” whenever used in this policy means the applicable insurance legislation in the applicable provincial jurisdiction.

“**Insured Person**” wherever used in this policy means persons or categories of persons as designated in Section 1 of the Schedule.

“**Loss**” whenever used in this policy with reference to hand or foot means complete severance at or above the wrist or ankle joint but below the elbow or knee joint; as used with reference to arm or leg means complete severance at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to toes means complete severance at or above the metatarsophalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“**Loss of Use**” whenever used in this policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the Accident.

“**Member of the Crew**” whenever used in this policy means a person assigned to duty in an aircraft during Flight Time and whose occupation is related to the safety of passengers, the operation and/or the actual flying of the aircraft.

DEFINITIONS (Continued...)

“Member of the Immediate Family” whenever used in this policy means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law (all of the above include natural, adopted or step relationships), spouse, grandson, granddaughter, grandfather or grandmother of the Insured Person.

“Nurse” whenever used in this policy means a graduate registered nurse (R.N.) or nurse who is licensed to practise nursing service by a governmental agency having jurisdiction over such licensing. The nurse is neither the Insured Person nor a Member of the Immediate Family and must not ordinarily reside in the Insured Person’s Residence.

“Physician” whenever used in this policy means a doctor of medicine (other than the Insured Person or a Member of the Immediate Family) who is licensed to practise medicine by 1) a recognized medical licensing organization in the locale where the treatment is rendered, provided he is a member in good standing of such licensing organization, or 2) a governmental agency having jurisdiction over such licensing in the locale where the treatment is rendered.

“Principal Sum” whenever used in this policy means the amount of insurance for which the Insured Person is covered, as shown in the records of the Company and/or the Policyholder.

“Regular Care and Attendance” whenever used in this policy means medical treatment to the extent necessary under existing standards of medical practice for the condition causing disability, Hospital confinement or requiring such treatment.

“Residence” whenever used in this policy means the primary dwelling of which the Insured Person is an occupant and the premises on which it is situated.

“Vehicle” whenever used in this policy means a passenger car, station wagon, van, jeep-type automobile, or truck.

Whenever a reference to the masculine gender appears in this policy, it will also be construed to include the feminine gender.

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS INDEMNITY

If, within 12 months of the date of the Accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

Life.....	The Principal Sum
Both Hands.....	Two Times the Principal Sum
Both Feet.....	Two Times the Principal Sum
Entire Sight of Both Eyes	Two Times the Principal Sum
One Hand and One Foot	Two Times the Principal Sum
One Hand and the Entire Sight of One Eye	Two Times the Principal Sum
One Foot and the Entire Sight of One Eye.....	Two Times the Principal Sum
Speech and Hearing in Both Ears	Two Times the Principal Sum
One Arm	One and One-Half Times the Principal Sum
One Leg.....	One and One-Half Times the Principal Sum
One Hand	One and One-Third Times the Principal Sum
One Foot	One and One-Third Times the Principal Sum
Entire Sight of One Eye	One and One-Third Times the Principal Sum
Speech or Hearing in Both Ears.....	One and One-Third Times the Principal Sum
Thumb and Index Finger of Either Hand	Two-Thirds of the Principal Sum
Four Fingers of Either Hand	Two-Thirds of the Principal Sum
Hearing in One Ear	Two-Thirds of the Principal Sum
All Toes of One Foot	One-Half of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs)	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs of one side of body).....	Two Times the Principal Sum

Indemnity provided under this Part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured Person as the result of any one Accident.

ACCIDENTAL DENTAL REIMBURSEMENT BENEFIT

When, as the result of Injury to whole or sound teeth (capped or crown teeth will be considered whole or sound) and due to a force or blow external to the mouth, the Insured Person requires treatment within 30 days from the date of the Accident by a legally qualified dentist or dental surgeon, the Company will pay the expenses actually incurred by the Insured Person for such treatment or service within 12 months of the date of the Accident. Payments under this part will be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association in the province or territory of the Insured Person's residence in Canada or its equivalent, as determined by the Company. In no event will benefits exceed the amount stated in the Section 2 of the Schedule as the result of any one Accident.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT

When by reason of Injury, the Insured Person requires medical treatment within 30 days from the date of the Accident and incurs expenses for any of the following services or supplies, while under the Regular Care and Attendance of a Physician with respect to Items (a) to (g):

- (a) expenses for the services of a Nurse, when recommended by a Physician and subject to a maximum of \$5,000.00 per any one Accident;
- (b) transportation by a licensed ambulance service or, when recommended by a Physician, by any other conveyance licensed to carry passengers for hire to or from the nearest Hospital which is equipped to provide the required treatment, subject to a maximum of \$2,000.00 per any one Accident;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's Provincial Hospital Plan and the semi-private accommodation charge (private accommodation charge if recommended by a Physician);
- (d) rental of a wheelchair, iron lung and other durable equipment for therapeutic treatment, not to exceed the purchase price prevailing at the time rental became necessary, subject to a maximum of \$5,000.00 per any one Accident;
- (e) fees for the services of a licensed physiotherapist or certified athletic sports therapist, when recommended by a Physician, subject to a maximum reimbursement of \$500.00 per any one Accident;
- (f) drugs and medicines which require the written prescription of a Physician and are dispensed by a registered pharmacist, subject to a maximum of \$500.00 per any one Accident;
- (g) miscellaneous expenses for hearing aids, crutches, splints, casts, trusses and braces, but not including replacement thereof; braces do not include dental braces, are subject to a maximum of \$750.00 per any one Accident;
- (h) fees for the services of a licensed chiropractor, subject to a maximum reimbursement of \$500.00 per any one Accident,

the Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 52 weeks after the date of the Accident, not to exceed in the aggregate the amount stated in Section 2 of the Schedule as the result of any one Accident.

DENTURES OR BRIDGEWORK BENEFIT

If as the result of Injury, an Insured Person requires and receives medical treatment from a Physician or dentist within 30 days from the date of the Accident and damage to or breakage of removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth occurs as the result of such Injury, the Company will pay the reasonable and necessary expenses actually incurred by the Insured Person within 12 months after the date of the Accident for the repair or replacement of such removable dentures, fixed bridgework and/or capped (crowned) tooth or teeth, subject to a maximum of \$1,000.00 during any one policy year for all such repairs or replacements.

EMERGENCY TRANSPORTATION BENEFIT

When an Injury requires immediate medical attention but does not necessitate an ambulance, the Company will pay the reasonable expense incurred to transport the Insured Person by private vehicle/taxi from the location of the Accident to either a Physician's office or the nearest Hospital, including return to the Residence of the Insured Person, subject to a maximum of \$100.00 per any one Accident.

EYEGLASSES OR CONTACT LENSES BENEFIT

If, as the result of an Injury, an Insured Person requires and receives medical treatment from a Physician or ophthalmologist within 30 days from the date of the Accident and, upon advise of the Physician or ophthalmologist, incurs expenses for the purchase of eyeglasses or contact lenses when neither of which were previously required or worn, the Company will pay the reasonable and customary expenses actually incurred by the Insured Person within 12 months after the date of the Accident, subject to a maximum of \$200.00.

FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY

If the Insured Person sustains an Injury which results in any of the fractures, dislocations, tendon severances or miscellaneous conditions listed in the following schedule, the Company will pay in accordance with the percentage indicated below up to a maximum of \$1,000.00 for any such occurrence, and not more than one such indemnity, the greatest, will be payable as the result of any one Accident. In the event of compound, comminuted or bi-lateral fractures, the amount payable will be doubled.

For complete fracture (including Greenstick type fracture) of:

Skull (depressed).....	100%
Skull (not depressed).....	33%
Spine (one or more vertebrae).....	50%
Jawbone (mandible or maxilla).....	33%
Thigh (femur).....	33%
Pelvis.....	33%
Knee cap	27%
Lower leg	25%
Shoulder blade	25%
Ankle (small bones).....	25%
Wrist (small bones).....	25%
Sacrum or coccyx.....	17%
Sternum.....	17%
Arm, between the elbow and shoulder.....	17%
Forearm.....	12%
Collarbone.....	12%
Nose	12%
Two or more ribs.....	10%
One hand (one or more metacarpal).....	10%
One foot (one or more metatarsal).....	10%
Facial bones	10%
One rib	10%
Any bone not specified above.....	10%

**FRACTURE, DISLOCATION, TENDON SEVERANCE AND MISCELLANEOUS INDEMNITY
(Continued...)**

For complete dislocation of:

Hip	42%
Knee (with open primary repair).....	33%
Shoulder (with open reduction)	25%
Wrist.....	17%
Ankle.....	17%
Elbow	12%
Bones of foot, other than toes	10%

Severance of tendon or tendons of:

Heel (Achilles).....	22%
Ankle.....	20%
Knee.....	18%
Foot (excluding toes)	17%
Elbow	17%
Wrist.....	12%
Hand (including fingers).....	12%

Miscellaneous:

Ruptured kidney (operative)	27%
Ruptured liver (operative).....	27%
Ruptured spleen (operative).....	27%
Punctured lung (with open surgery).....	23%
Burns (requiring one or more skin grafts).....	22%
Knee (injured and requiring surgery when there is no fracture or dislocation)	22%
Bone operation (injured portion removed when there is no fracture or dislocation)	20%
Eye surgery	20%
Emergency surgery requiring general anaesthetic (excluding dental surgery)	20%

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Injury sustained by an Insured Person does not cause loss of life, but results in a Loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity", and such Insured Person is subsequently required to use a wheelchair to be ambulatory, the Company will pay the reasonable and necessary expenses actually incurred within three years of the date of the Accident causing such loss for:

- (a) the cost of alterations to the Insured Person's principal Residence; and/or
- (b) the cost of modifications to one motor Vehicle utilized by the Insured Person, when such modifications are approved by the provincial vehicle licensing authorities where required

for the purpose of making them wheelchair accessible.

Payment by the Company for the total of all expenses incurred by or for any Insured Person is subject to a maximum of \$10,000.00 as the result of any one Accident.