



AKC RECOGNIZED JUDGES ACCIDENTAL INJURY COVERAGE FREQUENTLY ASKED QUESTIONS

Q What is the coverage intent of this policy?

The Insurance Company will pay those sums accrued by AKC recognized/approved judges as a result of an injury obtained during an approved AKC Event including travel to and from home. Coverage is subject to policy terms and conditions.

Q When is coverage effective?

Coverage effective June 1, 2022 to June 1, 2023

Q Who is the insurance company?

Philadelphia Indemnity Insurance Company

Q When do AKC judges have coverage under this policy?

AKC registered judges have coverage under this policy during an approved AKC event including travel to and from home.

Q Who has coverage under this policy?

All AKC registered judges while performing their duties in the capacity of a judge for AKC Approved events.

Q What limit of coverage is available under this policy?

The policy provides each judge with \$100,000 limit per covered accident. Coverage applies in excess of collectible health plan coverage.

Q Is there a deductible under this program?

No.

Q Are there exclusions under this policy?

Yes. However the exclusions are standard to the insurance industry for this type of coverage and include but are not limited to:

1. preexisting conditions or diseases, as defined in section 52.2(u) of this Part, or section 3232 or 4318 of the Insurance Law, except for congenital anomalies of a covered dependent child; subject to limitations set forth in subdivision (f) of this section, sections 52.17(a)(27)-(28), 52.18(a)(5) and 52.20 of this Part;
2. mental or emotional disorders, alcoholism and drug addiction, except that coverage must be made available or provided pursuant to section 52.7 of this Part and sections 3221 and 4303 of the Insurance Law. Medicare supplement insurance issued pursuant to section 52.11 of this Part and Part 58 of this Title shall not include limitations or exclusions which are more restrictive than those of Medicare for this type of benefit
3. pregnancy, except to the extent coverage is required pursuant to sections 3216, 3221, 3232, 4303, and 4318 of the Insurance Law, and except for complications of pregnancy as defined in section 52.2(e) of this Part, other than policies defined in section 52.8 of this Part
4. illness, accident, treatment or medical condition arising out of:
 - i. war or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto;
 - ii. suicide, attempted suicide or intentionally self-inflicted injury;
 - iii. aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; and

5. cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. However, if the policy provides hospital, surgical or medical expense coverage, including a policy issued by a health maintenance organization, then coverage and determinations with respect to cosmetic surgery must be provided pursuant to Part 56 of this Title
6. foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet; unless the policy is issued as Medicare supplement insurance pursuant to section 52.11 of this Part and Part 58 of this Title, in which case the policy shall not include limitations or exclusions more restrictive than those of Medicare for this type of benefit;
7. treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), any State or Federal workers' compensation, employers' liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made;
8. dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly;
9. rest cures, custodial care and transportation, unless the policy is issued as Medicare supplement insurance pursuant to section 52.11 of this Part and Part 58 of this Title, in which case the policy shall not include limitations or exclusions more restrictive than those of Medicare for this type of benefit; and
10. coverage while the insured is outside the United States, its possessions or the countries of Canada and Mexico.



What does an AKC judge do if they need to file a claim?

Contact Jade Whitehead at McGriff Insurance Services with information regarding the incident.

Included in this packet of information is an incident/claim form with information that will need to be provided to McGriff Insurance Services.

Please have this information available when contacting Jade. You may also fax or email the incident/claim report to Jade at 770-725-5282 or Jade.Whitehead@McGriff.com

If I have questions about the coverage, who do I call?

Jade Whitehead with McGriff will answer your questions regarding coverage. Jade can be reached at 678-726-0552 or Jade.Whitehead@McGriff.com