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## Accident Insurance for Sporting Association Members

### The following are insured persons:

- Members of sporting federations associated in the Czech Olympic Committee and the Czech Sporting Union, as well as members of other insured entities, for the duration of all events and activities arranged or organised by such entities, including organised trips to such events (Olympic federations and non-Olympic entities, umbrella organisations and their associated entities, including sporting federations and their associated entities, and sports clubs).
- Persons participating in events as part of their job or having concluded a contract with the respective sporting association pursuant to the Civil Code or the Labour Code.
- Persons who are not members of insured entities while participating in an event organised by one of the insured entities.
- Members of the Czech Sokol Community, with its registered office at Újezd 450/40, Malá Strana, 118 00 Prague 1 – registered and recreational gymnasts.

Professional athletes and participants in activities not organised by one of the insured entities are not insured persons.

### The insurance is valid the world over.

#### Number of insured persons:

Over the age of 18 years – approx. 1 210 000 athletes

Children up to the age of 18 years – approx. 640 000

Approx. 150 000 employees

#### Scope of insurance:

##### **Athletes over the age of 18 years**

**Accidental death** – CZK 200 000

**Permanent consequences of accident** – CZK 100 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured

**Daily indemnity for period required to treat injury** – CZK 100/day assuming the treatment period exceeds the grace period of 21 days; after that the claim arises retroactively as of the first day of treatment of the injury

**Funeral outlays** – up to CZK 50 000

**Wheelchair costs** – up to CZK 100 000

<b>Risks</b>	<b>Sum insured</b>
Accidental death	CZK 200 000
Permanent consequences of accident with progression	CZK 100 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured
Daily indemnity for period required to treat injury	CZK 100/day assuming the treatment period exceeds the grace period of 21 days; then the claim arises retroactively as of the first day of treatment
Funeral outlays	up to CZK 50 000 (limit)
Wheelchair costs	up to CZK 100 000 (limit)

### Children up to 18 years of age

**Accidental death** – CZK 200 000

**Permanent consequences of accident** – CZK 100 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured

**Daily indemnity for period required to treat injury** – CZK 50/day assuming the treatment period exceeds the grace period of 21 days; then the claim arises retroactively as of the first day of treatment of injury

**Wheelchair costs** – up to CZK 100 000

<b>Risks</b>	<b>Sums insured</b>
Accidental death	CZK 200 000
Permanent consequences of accident with progression	CZK 100 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured
Daily indemnity for period required to treat injury	CZK 50/den assuming the treatment period exceeds the grace period of 21 days; then the claim arises retroactively as of the first day of treatment
Wheelchair costs	up to CZK 100 000 (limit)

### Employees

**Accidental death** - CZK 120 000

**Permanent consequences of accident** – CZK 120 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured

**Injury-related work disability** – CZK 130/day assuming that the work disability exceeds the grace period of 21 days; then the claim arises retroactively from the first day of the work disability

<b>Risks</b>	<b>Sums insured</b>
Accidental death	CZK 120 000
Permanent consequences of accident with progression	CZK 120 000 with progressive payment from 25% of permanent consequences to up to four times the sum insured
Injury-related work disability	CZK 130/day assuming that work disability exceeds the grace period of 21 days; then the claim arises retroactively from the first day of the work disability



**Notification of loss event:**

A loss event must be reported to the insurance company by way of:

- a) the form entitled **Notification of Loss Event from Accident Insurance** in the case of the loss event of accidental death, permanent consequences of injury with progression, daily indemnity for the period required to treat injury, wheelchair costs and funeral outlays. On the other side of the form under "Additional Comments", it is necessary to indicate the name and surname of the responsible staff member of the specific sporting association and to confirm by stamp and signature the fact that the insured event occurred in the case of an insured person during an insured activity according to Article II of the Insurance Policy.

The following documents need to be appended to the form:

- Copy of the insured person's medical records concerning the accident
- In the case of permanent consequences, copy of documentation on the course of treatment and rehabilitation and a copy of the medical report after stabilisation of the permanent consequences
- In case of death, copy of the death certificate and a copy of the medical report on the cause of death
- Copy of the police report in case of a police investigation

- b) the form entitled **Notification of Loss Event from Work Disability Insurance** in the case of the daily indemnity during the injury-related work disability. On the other side of the form under "Additional Comments", it is necessary to indicate the name and surname of the responsible staff member of the specific sporting association and to confirm by stamp and signature the fact that the insured event occurred in the case of an insured person during an insured activity according to Article II of the Insurance Policy.

The following documents need to be appended to the form:

- The insured person's medical records regarding the work disability
- Proof of work disability
- Copy of the police report in case of a police investigation
- Copy of the release report in case of hospitalisation

Any other required documents are set out in the insurance terms and conditions.

The insurance company will assess the completeness of the documents submitted for the loss event notification or request other documents relevant to the investigation.

**Send notifications of loss events:**

By e-mail with scanned documents to the address: [oznameni.udalosti@pvzp.cz](mailto:oznameni.udalosti@pvzp.cz)

or by registered post to:



Pojišťovna VZP, a.s.  
Claims Settlement Department  
Ke Štvanici 656/3  
186 00 Prague 8 - Karlín

Contact person for reporting loss events:  
Martina Hovorková  
Telephone: +420 233 006 311

**Please send any questions concerning the insurance and notification of loss events to:**

**Pojišťovna VZP, a.s. Client Infoline**

**Tel.: + 420 233 006 311**

**E-mail: [info@pvzp.cz](mailto:info@pvzp.cz)**

(Business days from 9:00 a.m. to 5:00 p.m., Fridays from 9:00 a.m. to 4:00 p.m.)

Head of Client Infoline: Mgr. Petra Nedellecová

For more information please see also [www.olympic.cz/pojisteni](http://www.olympic.cz/pojisteni).

