

Rotosurance, LLC

Policy holder's name: Your name

Email: Your email

Address: Your Address

Player(s) Insured: Your Player

League Entry Fee: \$XXX

Insurance Policy

Policy Number: XXXXXXXXXXXX

Full Coverage Overview

This document serves as your sole confirmation and policy number for the full coverage injury insurance you have purchased this season on Rotosurance.com. Please save this document during the entire time frame your players are insured with us. You will need to use the policy number stated above to file a claim for your injured player(s) within 30 days of the end of the regular season and to receive your money on Rotosurance.com.

Insurance Terms



For your insurance coverage to kick in your player must miss 9 or more games (out of 16). You will receive 100% of your entry fee and total fantasy investments back with this coverage. Other terms may apply. Our full terms of service are found on our website at Rotosurance.com/terms.

Covers - Players injured during team coordinated activities.

Does not cover - Players suspended, players already injured, benched players, paternity leave, or any other non team related reason

Contact Information

Please contact us through our site for any questions on your insurance coverage or how to file a claim and receive your money. Contact us directly at support@rotosurance.com

