



Youth Sports Camp & Clinic Insurance Program

Rates and Limits Effective 3/1/2010-2/28/2011

PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth sports camp operations (those attended by campers age 19 or under) or sports clinics that are held at premises now owned or maintained by the sport camp operator. Coverage provided under this program includes important liability protection for the camp or clinic operator, including employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments coverage to the camp or clinic participants. Coverage is provided on an annual basis, but only applies to those camp/clinic sessions that are specifically reported.

Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

COVERAGES AND LIMITS

Commercial General Liability - coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. Legal liability to participants and professional liability coverage are also provided as part of this program. No deductible applies to liability claims.

Legal Liability to Participants - coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payments to Participants – coverage which pays the medical and dental expenses incurred by a “participant” when an accidental injury occurs while participating in your camp operations. The coverage is provided on an excess basis, responding after all other medical coverage available to the “participant” has been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim, and the benefit period is two years from the date of the accident.

	<u>Option A</u>	<u>Option B</u>
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000
Professional Liability	\$1,000,000	\$2,000,000
Hired Auto and Employers' Nonownership Liability (not provided in Hawaii)	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Payments to Participants	\$ 25,000	\$ 250,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

“Participant” means any person engaged in the activities of your camp or sports clinics operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

ELIGIBLE OPERATIONS

Sports operations conducted on a clinic, day camp or overnight camp basis for attendees age 19 and under that are focused on improving skills in one of the following sport categories are eligible for this insurance program. If your sport is not listed, please contact Summit America for eligibility.

Baseball	Gymnastics	Strength & Conditioning
Basketball	Ice Hockey	Tennis
Cheerleading	Lacrosse	Track & Field
Deck/Floor hockey	Soccer	Volleyball
Drill team	Softball	Water Polo
Football	Squash	Wrestling
Golf	Swimming	

EXCLUSIONS

- Abuse, molestation, harrassment or sexual conduct
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Operations listed as ineligible
- Ownership, operation, maintenance or management of any facility other than while being used for covered activities
- Pollution
- Transportation of participants
- Use of haunted attractions

INELIGIBLE OPERATIONS

Camps or clinics offering the following operations or instruction based on any of the following sport categories are not eligible for this insurance program. Please note, this is not a complete listing of ineligible sports. Please contact Summit America for more information.

- After school/day care/latch key programs
- All star/bowl games*
- Pro-sport try-out and training camps
- Recruiting camps, showcases or combines*
- Sports camp/clinic operators who own their own facility
- Weight loss camps/programs

Boxing	Cycling or BMX	Martial arts
Box lacrosse	Diving	Open water activities
Broomball	Equestrian	Skiing (snow or water)

* Please contact Summit America Insurance, LC at (800)955-1991 for programs that can provide coverage for these types of operations.

This brochure is for illustrative purposes only, and it not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Summit America Insurance, LC.



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Please Check One: New Additional Session Renewal

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

SECTION 1: GENERAL INFORMATION

Coverage will begin the day after the completed enrollment form and premium are received and approved by Summit America, or on a later date that you specify below. (If you are renewing coverage, please provide the expiration date of your current policy).

Start my coverage on this date: _____

Named insured (as it should appear on the coverage document): _____
(the legal name of the organization or business; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____
(additional name(s) under which the named insured operates)

Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

Are any of your camp/clinic attendees age 20 or over? Yes No

Are you an after school, day care or latch key program? Yes No

Do you own the facility where the camp/clinic takes place? Yes No

Are you a weight loss camp/program? Yes No

Is your event an all star game or bowl game? Yes No

Is your event a professional try-out or training camp? Yes No

Is this a recruiting event, showcase or combine? Yes No

Is your camp held on the property of a private home or residence? Yes No

Does your program include any trips away from the main location? Yes No

If yes, please submit additional details. Trips made away from the main location must be reported prior to occurring, and approved by Summit America.

SECTION 3: PROGRAM PREMIUM CALCULATION

Premium is determined by applying the appropriate rate for the coverage option selected to the maximum amount of expected campers. TBD numbers can not be accepted. In addition, coverage only applies to those camp or clinic sessions specifically reported and each session must be individually listed. Please make a copy of this form if additional lines are needed to report your camp sessions.

Location of Activities: _____

Type of Camp: _____

NOTE: If there are multiple locations and/or types of camps for your program please provide additional information specifying the type for each session and the location for each session.

Rates	Option A \$1,000,000	Option B \$2,000,000
Per participant/per daily session	\$1.33	\$1.82
Per participant/per weekly session(3-7 consecutive days)	\$4.00	\$5.54
Per participant/overnight camps (camps no more than 7 consecutive days)	\$5.32	\$7.35
Minimum Premiums:	\$240.00	\$360.00

<u>List All Sessions</u>	<u>Hours of Operation</u>	<u># of Campers</u>	X	<u>Rate (above)</u>	<u>Total Premium</u>
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____

TOTAL PREMIUM DUE (See above Minimum Premiums):.....\$ _____

Florida applicants must add 1% to total premium due. (1% x premium) = FL assessment fee..... \$ _____

Total amount due for Florida applicants (total premium due + FL assessment fee)..... \$ _____

NOTE: If you are adding sessions to your existing policy, we will notify you if the premium amount is different than what is indicated on the form.

PREMIUM TERMS:

100% of estimated premium is due with application. An audit form will be sent after scheduled sessions have concluded to determine actual participants in which additional premium may be required or a refund processed.

An audit form must be completed within 30 days from the date of your last camp session. An audit report form will be mailed to you at the conclusion of your reported camp sessions.

DATE CHANGES AND CANCELLATION INFORMATION:

Changes must be made, in writing, prior to the camp date or the first day of camp. If you need to add additional dates, you must inform us of the new dates in writing and forward additional premium for those dates prior to the first day of that camp.

Cancellations must be reported prior to the scheduled start date or the first day of the camp/clinic session, and confirmed in writing for a refund or credit to be considered.

SECTION 4: DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. Please select only one option.

E-mail to: _____ Attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: _____ Attn: _____

Mail to: _____ Attn: _____

Certificate Requests (Additional Insureds)

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Other (Explain below)

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/Lessor of premises Sponsor Co-promoter Other (Explain below)

SECTION 5 – INSURANCE AGENT INFORMATION (if applicable)

This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.

Agency Name: _____

Agent/Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime any may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, penalties include imprisonment, fines, and denial of insurance benefits.

EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage you are purchasing: abuse, molestation, harassment or sexual conduct; aircraft/hot air balloon; airport; amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or any device that is specifically designed for the training or instruction of the activity for which you are enrolled); ancillary activities/trips held away from the reported camp/clinic location unless supervised, approved and on file with the company; animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; commercial general liability standard exclusions (CG0001 12/04 edition); employment-related practices; fireworks; fungi or bacteria; haunted attractions; lead; nuclear energy liability; operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; performers; rodeos; saddle animals; snowmobile; transportation of participants; those operations listed as ineligible: after school, day care and latch key programs; all star/bowl games; pro-sport try-out and training camps; recruiting camps, showcases, or combines; sports camp/clinic operators who own their own facility; sports camps/clinics offering instruction of: adventure races, bandy, bobsled, body boarding, box/indoor lacrosse, BMX or stunt cycling, broomball, canoeing, cycling, diving, dodgeball, equestrian, hang gliding, hammer throw, highland games, hostelling, hurling, inline stunt performing, jai alai, javelin, kayaking, kite surfing, luge (street), marathon, martial arts, mixed martial arts, modern pentathlon, mountain biking, mountain boarding, open water activities, open water fishing, outrigger, parachute, parasailing, polo (horse), rodeo, roller derby, rowing, rugby, sailing, scuba diving, shooting, skateboarding, skiing (snow or water), sky diving, sky surfing, sled dog racing, snorkeling, snowboarding/snow surfing, streetball, surfball, trapeze, takraw, trampoline, triathlon, wind surfing, yachting; weight loss camps/programs.

SECTION 6: WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ Title: _____

SECTION 7: PAYMENT METHOD

Check: Please make check payable to Summit America Insurance Services, LC

Enclosed check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit, please complete the following:

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

I authorize Summit America Insurance Services, LC to charge my debit/credit card in the amount of \$ _____

Cardholder Billing Address: _____

City: _____ State _____ Zip _____

Reference # _____ Name on Card _____
(last 3 digits on back of card)

Signature: _____

Note: Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

How did you hear about the Coaches' Choice program?

Convention _____ Magazine Ad _____ Web Search _____ Other _____
Specify: _____ Specify: _____

SECTION 8: ENROLLMENT FORM SUBMISSION

Please fax, mail or e-mail pages 3-7 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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