



Sports Instructor Insurance Program

Rates and Limits Effective 12/1/2009-11/30/2010

PROGRAM DESCRIPTION

This insurance program has been specifically designed to meet the unique needs of a U.S.-based sports instructor directly supervising an individual or a group engaged in sports-related skills.

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

This program does not provide coverage for the operation, ownership, or maintenance of a fitness, sports or dance facility.

COVERAGES AND LIMITS

Commercial General Liability - coverage which protects you if you are legally obligated to pay damages for bodily injury to others and for damage to the property of others resulting from your sports-related skills instruction.

Legal Liability to Participants - coverage which offers protection against bodily injury liability claims brought by persons participating in sports-related skills instruction.

Professional Liability - provides protection against claims for wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge or sports-related activities) that occur as a result of your sports-related skills instruction.

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
General Aggregate (other than Products-completed Operations)	\$1,000,000	\$3,000,000	\$4,000,000
Each Occurrence	\$ 500,000	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$ 500,000	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$ 500,000	\$1,000,000	\$2,000,000
Professional Liability	\$ 500,000	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$ 500,000	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000

ELIGIBLE OPERATIONS

An instructor age 18 or older conducting private or group instruction for any of the following sports is eligible to enroll in this program:

- Baseball/T-Ball
- Basketball
- Baton Twirling
- Bowling
- Cheerleading
- Fencing
- Figure Skating
- Football
- Golf
- Hockey
- Lacrosse
- Racquetball
- Soccer
- Softball
- Swimming
- Table Tennis
- Tennis
- Track & Field
- Volleyball
- Wrestling

INELIGIBLE OPERATIONS

This program is not available for:

- Certified athletic trainers
- Coaching of competitive athletes
- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Physical education teachers working in a private or public school, university or college
- Instruction of the following:

- | | | |
|----------------|---------------|---------------|
| -Canoeing | -Equestrian | -Road running |
| -Cycling | -Gymnastics | -Rowing |
| -Cross country | -Kayaking | -Scuba Diving |
| -Dance | -Lifeguarding | -Skiing |
| -Diving | -Martial arts | -Surfing |

EXCLUSIONS

- Abuse, molestation, harrassment or sexual conduct
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Dietician services
- E-commerce consulting
- Employment-related practices
- Media appearances
- Media publications
- Medical, therapy or health care services
- Operation, ownership or management of a fitness, dance or sports facility
- Physicals/stress testing
- Physical therapy, massage or salon services
- Sale or distribution of herbal medicinal and/or nutritional products
- Speaking engagements
- Those operations listed as ineligible
- Weight control program

*Information and applications for sports instructor insurance are available at www.summitamerica-ins.com/programs or by calling our office at (800)955-1991.

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.



Sports Instructor Insurance Enrollment Form

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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: _____

Instructor's name (as it should appear on the policy): _____

Doing business as (DBA) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

Type of instructor (check all that apply):

- Baseball Cheerleading Golf Soccer Tennis
- Basketball Fencing Hockey Softball Track and Field
- Baton Twirling Figure Skating Lacrosse Swimming Volleyball
- Bowling Football Racquetball Table Tennis Wrestling

Are you age 18 or older? Yes No

Do you conduct operations outside of the United States? Yes No

Do you instruct at your home/residence premises? Yes No

No coverage is provided for physical education teachers while working in a school, university or college; for the coaching of organized competitive athletic teams; and for activities of a certified athletic trainer.

SECTION 3: PROGRAM PREMIUM CALCULATION

Program A – Sports Instruction conducted at locations that are NOT owned or operated by the instructor

	Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
				1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$276.00	<input type="checkbox"/> \$530.00	<input type="checkbox"/> \$278.76	<input type="checkbox"/> \$535.30
Option 2	\$1,000,000	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$622.00	<input type="checkbox"/> \$348.45	<input type="checkbox"/> \$628.22
Option 3	\$2,000 000	<input type="checkbox"/> \$518.00	<input type="checkbox"/> \$933.00	<input type="checkbox"/> \$523.18	<input type="checkbox"/> \$942.33

Program B – Includes Program A locations and instruction at the instructor’s home or residence

	Limits of Liability	1-Year Premium	2-Year Premium	Florida Resident	
				1-Year Premium	2-Year Premium
Option 1	\$ 500,000	<input type="checkbox"/> \$345.00	<input type="checkbox"/> \$663.00	<input type="checkbox"/> \$348.45	<input type="checkbox"/> \$669.63
Option 2	\$1,000,000	<input type="checkbox"/> \$431.00	<input type="checkbox"/> \$778.00	<input type="checkbox"/> \$435.31	<input type="checkbox"/> \$785.78
Option 3	\$2,000 000	<input type="checkbox"/> \$648.00	<input type="checkbox"/> \$1167.00	<input type="checkbox"/> \$654.48	<input type="checkbox"/> \$1,178.67

PREMIUMS ARE 100% NON-REFUNDABLE ONCE COVERAGE BEGINS

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)

SECTION 5: 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: _____ Tax ID # _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/Contact name: _____ E-mail: _____

Agency Phone: _____ Agency 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); 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); dietician services; e-commerce consulting; employment-related practices; fireworks; fungi or bacteria; haunted attractions; lead; media appearances; medical, therapy or health care services; media publications; nuclear energy liability; operation, ownership or management of a commercial sports facility; performers; physicals/stress testing; physical therapy, massage or salon services; rodeos; saddle animals; sale or distribution of medicinal, herbal and/or nutritional products; speaking engagements; snowmobile; weight control programs; those operations listed as ineligible: (certified athletic trainers, coaching of competitive athletics, instruction of the following sports: canoeing, cycling, cross country, dance, diving, equestrian, gymnastics, kayaking, lifeguarding, martial arts, road running, rowing, scuba diving, skiing, surfing, instructors under the age of 18, instructors operating outside of the U.S., physical education teachers working in a private or public school, university or college).

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: _____

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 3-6 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.



7400 College Blvd., Suite 100
Overland Park, KS 66210

Toll Free: (800)955-1991
Fax: (913)327-0201

coacheschoice@summitamerica-ins.com