

Amateur Sports RPG Directors' & Officers' Liability
Including Employment Practices Liability for Not-for-Profit Organizations
(Claims-made Coverage)

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

PROGRAM DESCRIPTION

This program provides important protection to eligible amateur sports organizations for claims arising out of allegations of errors, omissions or wrongful acts committed by its directors, officers, employees or volunteers. This coverage will respond to allegations of discrimination, wrongful dismissal, acts beyond granted authority, failure to deliver services and wrongful employment practices. Defense costs are paid in addition to the limit of liability. **Coverage is provided on a claims-made basis**, applying only to claims first made during the coverage period.

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

COVERAGE AND LIMITS

Option A:

Maximum Aggregate Limit of Liability.....	\$1,000,000
Retention (each claim)	\$ 1,000

Option B:

Maximum Aggregate Limit of Liability.....	\$2,000,000
Retention (each claim)	\$ 1,000

ELIGIBLE OPERATIONS

Organizations that meet all of the following criteria are eligible to submit an enrollment for for coverage under this program:

1. The organization's operations are dedicated to the conduct of amateur sports activities.
2. The organization has tax exempt status as a not-for-profit organization.
3. The annual gross revenue of the organization from all sources is \$3,000,000 or less.
4. The organization has obtained general liability coverage through the Coaches' Choice Teams, Leagues and Associations Insurance Program offered by Summit America Insurance.

EXCLUSIONS

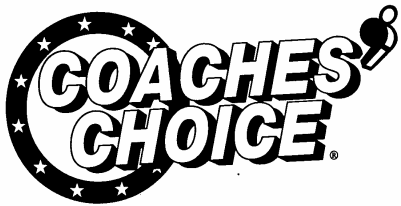
- | | | |
|--|-------------------|-------------------|
| • Advertising injury | • Fungi | • Pollutants |
| • Bodily injury | • Nuclear energy | • Property damage |
| • Failure to maintain proper insurance | • Personal injury | • Wrongful death |

INELIGIBLE OPERATIONS

The following sport operations and affiliates are not eligible for this program. (Please note that this is not a complete listing of ineligible operations).

- Booster clubs (those supporting/funding interscholastic/intercollegiate athletic programs)

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.



Enrollment Form
Rates and Limits Effective 3/1/2009-2/28/2010

Please Check One: New [] 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. This is a claims-made policy. The policy for which this enrollment form is made applies, subject to its terms, only to any "Claim" first made against the "Insureds" during the certificate period.

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 policy): _____
(the legal name of the organization; typically, the name that would appear on any contracts or agreements)

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ E-Mail: _____

Phone: _____ Fax: _____

SECTION 2: BUSINESS INFORMATION

Form of Business: [] Not-for-profit organization [] For-profit-organization

Date of Incorporation:..... _____

Tax ID #: _____

Number of full-time compensated employees (over 30 hours a week for 12 months): _____

Number of part-time compensated employees (under 30 hours a week or less than 12 months): .. _____

Number of volunteers (not including board members):..... _____

Total annual gross revenue for the organization (gross revenue includes all receipts from fees, sponsorships, fundraisers, membership, ticket sales): _____

Total assets for the organization (example: sports equipment, concession stand equipment): _____

Total liabilities for the organization (example: loans):..... _____

SECTION 3: PAST ACTIVITIES WARRANTY

NEW ACCOUNTS ONLY – Complete this section only if this is a new enrollment form with Summit America.

Does your organization currently have D&O liability in force with another insurance company? Yes No

If yes, please provide the following:

Carrier: _____ Limit: _____
 Premium: \$ _____ Exp. Date: ____/____/____

Past Activities:

No claim that would fall within the scope of the proposed insurance has been made against any person or entity proposed for this insurance (including without limitation any claim against such person or entity for any employment practice, as described in the proposed insurance, or any complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority), except as follows (include the loss payment and defense cost):

If so, explain: _____

If none, check here

No person or entity proposed for this insurance is cognizant of any fact, circumstance or situation (including without limitation any suspected or threatened claim against any such person or entity for any employment practice, as described in the proposed insurance, or any suspected or threatened complaint against any such person or entity before the Equal Employment Opportunity Commission or any similar state or local authority) which might afford grounds for any claim that would fall within the scope if the proposed insurance, except as follows:

If none, check here

SECTION 4: PREMIUM CALCULATION

Premium (based on annual gross revenue)	Option A	Option B	Florida Resident	Florida Resident
	\$1,000,000 Limit	\$2,000,000 Limit	\$1,000,000 Limit	\$2,000,000 Limit
\$0 - \$1,000,000	<input type="checkbox"/> \$625	<input type="checkbox"/> \$950	<input type="checkbox"/> \$631.25	<input type="checkbox"/> \$959.50
\$1,000,001 - \$2,000,000	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,085.75	<input type="checkbox"/> \$1,666.50
\$2,000,001 - \$3,000,000	<input type="checkbox"/> \$1,525	<input type="checkbox"/> \$2,325	<input type="checkbox"/> \$1,540.25	<input type="checkbox"/> \$2,348.25
\$3,000,001 or higher	Refer to company	Refer to company	Refer to company	Refer to company

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. There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Fees cannot be included in the payment remitted to Summit America. Agents do not have the authority to issue binders or a certificate of insurance on behalf of this program.

Agency name: _____ Tax ID # _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/Contact name: _____ E-mail: _____

Agency Phone: _____ Agency Fax: _____

SECTION 6: COVERAGE INFORMATION

The following are several coverage explanations related to a claims-made policy that should be considered.

Claims-made During Policy Period

This policy covers only claims actually made or incidents reported against the insured while the policy remains in effect, or any applicable extended reporting period. All coverages under the policy ceases upon the termination date, except for the automatic extended reporting period coverage, unless the insured purchases additional extended reporting period coverage.

Extended Reporting Period

The automatic extended reporting period is sixty (60) days from the termination or expiration date of the policy. The additional extended reporting period, if purchased, may be up to three (3) years for not-for profit policies. If this extended reporting period is not purchased and the subsequent policy does not provide full prior acts coverage or is an occurrence policy, there may be gaps in coverage.

SECTION 7: 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.

SECTION 8: 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

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

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 _____

Name on Card _____ Applicant Signature _____

SECTION 8: ENROLLMENT FORM SUBMISSION

Please fax, mail or e-mail pages 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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