



# Dance Schools & Programs Insurance Program

Rates and Limits Effective 1/1/2012-12/31/2012

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based dance schools and other organizations specializing in the instruction of performance and social dance. Coverage provided includes important liability protection for the school or organization, including its employees and volunteers, for liability claims arising out of its operations. For eligible schools or programs, your covered operations consists of premises, operations and activities involving registered participants for those activity(s)-under your direct supervision or organized by you- which have been reported, paid for and approved by the company along with any ancillary event or activity held directly with the activity(s) at your location(s) or at approved off-site locations on your behalf.

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** - coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your dance school operations.

**Professional Liability** - provides protection against claims that arise out of the rendering, or failure to render, instruction, demonstration, direction and/or advice relating to the dance activity.

**Medical Payments for Participants** - coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating in your covered dance school operations. "Participant" means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees and independent contractors. 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 \$250 deductible applies to each claim and the benefit period is two years from the date of the accident.

**Hired Auto and Employers' Nonownership Liability** - (not provided while in Hawaii) coverage which protects the insured against liability claims arising out of the maintenance or use of motor vehicles hired or borrowed by the insured on a short-term basis as well as coverage for those autos your organization does not own, lease, hire, rent or borrow that are used in conjunction with your operations. Coverage does not extend to the transporting of participants or to those vehicles that are rented, hired or borrowed on a long-term basis.

	<u>Option 1</u>	<u>Option 2</u>
General Aggregate – per owned location (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
Hired Auto and Employers' Nonownership Liability (not offered while in HI)	\$1,000,000	\$2,000,000
Professional Liability	\$1,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000
Damage to Premises Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000
Medical Payments for Participants (\$250 deductible applies)	\$ 25,000	\$ 25,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000

**Higher Limits (available online), Abuse/Molestation, D&O and Equipment coverages are also available. Please contact Summit America for supplemental applications.**

## **ELIGIBLE OPERATIONS**

Schools or organizations providing instruction in the following styles of dance are eligible for this program:

- Ballet
- Ballroom
- Belly dancing
- Clogging
- Contemporary
- Country western
- Cultural/ethnic
- Flamenco
- Folk dancing
- Hawaiian
- Hip Hop
- Irish
- Jazz
- Latin
- Modern
- Salsa
- Scottish
- Square
- Swing
- Tango
- Tap
- ZUMBA®

Coverage for independent dance instructors can be purchased online at [www.summitamerica-ins.com/programs](http://www.summitamerica-ins.com/programs) or by contacting Summit America at (800)955-1991.

## **EXCLUSIONS**

The following represent only some of the exclusions contained in this policy:

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- Babysitting and/or childcare services
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Pollution
- Sale or distribution of herbal, medicinal and/or nutritional products
- Transportation of participants

## **INELIGIBLE OPERATIONS**

The following operations not eligible for this program include, but are not limited to:

- Acrobatic and circus skills training
- Ballroom rental facilities
- Banquet and reception halls
- Cabarets
- Dance halls
- Discotheques
- Nightclubs
- Production companies
- Professional dance companies
- Professional touring companies

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.

## OPTIONAL COVERAGES AVAILABLE

### **Non-Registered Member Activity Coverage**

This coverage is available for events and/or activities you conduct at your facility that involve non-registered members of your dance school and are incidental to your dance operations. Coverage is excluded for non-registered participants or those participants who are required to have a separate registration/enrollment unless this optional coverage is purchased.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Summit America's Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.
3. A birthday/social party is not considered to be a subsidiary activity and a separate premium charge will apply.
4. Non registered members are only to be counted once in your premium calculation, regardless of the number of times that they may participate in those activities. Also include members of your school if they are charged a separate registration fee to participate in the activity.

### **Birthday/Social Party Coverage**

Coverage can be extended to cover birthday or social parties held at your dance school or organization premises.

Coverage Conditions:

1. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Summit America's Dance Schools & Programs RPG Insurance Program.
2. The same coverages and limits would apply to this optional coverage as purchased for your school or organization.

### **Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage**

This coverage reimburses you for up to \$100,000 for defense costs resulting from claims arising out of abuse or molestation.

Coverage Conditions:

1. Coverage is contingent upon review and approval from Summit America.
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Summit America's Dance Schools & Programs RPG Insurance Program.

### **Equipment and Contents Coverage**

This provides coverage for direct loss or damage to your supplies and equipment, furnishings, improvements and betterments, signs and non-structural glass due to fire, theft, vandalism or other covered causes (subject to actual policy terms and conditions). You must insure the full replacement cost of all of your equipment and contents to avoid a co-insurance penalty at the time of loss. Should you add additional equipment or contents to your inventory, please contact Summit America to have your insured value amended to avoid a co-insurance penalty.

NEW – Additional coverages automatically included in the coverage form are:

- Business Income with Extra Expense – Actual Loss Sustained (up to \$50,000)
- Money and Securities Coverage - \$5,000 any one occurrence
- Valuable Papers and Records Coverage - \$10,000 at premises/\$2,500 away from premises
- Account Receivable Coverage - \$10,000 at premises/\$2,500 away from premises

Coverage Conditions:

1. This coverage is not available in New Jersey
2. Coverage is not available on a stand-alone basis. You must have commercial general liability coverage for your dance school or organization with Summit America's Dance Schools & Programs RPG Insurance Program.
3. Coverage will be effective the day after we receive the proper completed enrollment form with premium and will expire on the expiration date of your Dance Schools & Programs RPG Insurance Program.
4. Receipt of purchase is required at the time of loss to show verification of purchase for any improvements or betterments.

### **Directors' & Officers' Liability including Employment Practices Liability for Not-for-Profit Organizations**

This coverage provides important protection for not-for-profit dance schools and 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. Please contact Summit America for additional information on this available optional coverage.



**SECTION 2: BUSINESS INFORMATION (CONTINUED)**

**FOR NEW ACCOUNTS ONLY, PLEASE COMPLETE THE FOLLOWING:**

1. What is the name of your current insurance carrier(s) and the expiration date(s) of coverage?

Name(s): \_\_\_\_\_ Expiration date(s): \_\_\_\_\_

2. Is your current carrier non-renewing your coverage?  Yes  No

3. Please list and describe any liability or medical claims that have been paid under your insurance coverage for the past three (3) years, including the amount paid. (If you have loss information, please provide a copy.)

**SECTION 3: PROGRAM PREMIUM CALCULATION**

Please select one option below. Premium is determined by applying the rate to the greatest number of students/registered members that your program could have annually. If the total program is less than the minimum premium, the total premium due is the minimum premium.

**Option 1 - \$1,000,000 CGL Limit**

Number of Students		Rate		Premium
_____	X	\$10.50	=	_____
		Minimum Premium	=	\$870.00
		<b>Total Premium Due</b>	=	_____

**Option 2 - \$2,000,000 CGL Limit**

Number of Students		Rate		Premium
_____	X	\$13.00	=	_____
		Minimum Premium	=	\$1,079.00
		<b>Total Premium Due</b>	=	_____

**Non-Registered Member Activity Coverage and/or Birthday/Social Party Coverage**

Please select all of the subsidiary activities and/or birthday/social parties you have at your school or organization and report the total number of non-registered or separately enrolled participants in each of the activities listed below along with the number of birthday/social parties. Use the rate for the same limit selected above.

	Type of Activity	# of Participants	X	Option 1	Option 2	=	Premium
<input type="checkbox"/>	Arts, Crafts and/or Music Programs or Classes		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Camps or Clinics		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Exercise and/or Yoga Classes		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Gymnastics/Cheer Programs or Classes Please describe types of programs/classes along with age groups (subject to approval)		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Theater Arts and/or Drama Programs or Classes		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Other (please describe): _____ Note: This is subject to approval by Summit America		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Birthday /Social Parties	<b># of Parties</b>	X	\$16.75	\$22.50	=	\$
<b>Non-Registered Member Activity and Birthday/Social Parties Premium (add all lines above)</b>							<b>\$</b>

**Equipment & Contents Coverage** – Not available in NJ

TO AVOID A CO-INSURANCE PENALTY, YOU MUST INSURE 100% OF THE REPLACEMENT COST OF YOUR EQUIPMENT AND CONTENTS FOR ALL OF YOUR LOCATIONS.

**Step 1: Fill in the values to determine your total replacement cost amount for ALL locations**

<u>Individually list any items with values over \$5,000</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Provide values for categories below. DO NOT include those values already shown above.

**Supplies & Inventory** (office supplies, items held for sale) \$ \_\_\_\_\_

**Equipment & Contents** (athletic equipment, electronics, furniture, phone/fax system, office contents, etc.) \$ \_\_\_\_\_

**Improvements & Betterments** (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc.) Receipt of purchase if required at the time of loss to show verification of purchase. \$ \_\_\_\_\_

**Signs** (indoor or outdoor) \$ \_\_\_\_\_

**Misc. equipment** (please describe) \_\_\_\_\_ \$ \_\_\_\_\_

Total replacement value for all location(s) (**add all lines above**) \$ \_\_\_\_\_

**Step 2: List physical addresses where equipment and contents are stored**

**-No PO boxes can be accepted**

Location 1: \_\_\_\_\_  
Address City State Zip

Location 2: \_\_\_\_\_  
Address City State Zip

**Step 3: Calculate Premium**

(If total calculate premium is less than the minimum premium, the total premium due is the minimum premium)

**My total replacement value is between \$1 - \$10,000**

(\$250 deductible will apply)

$$\$ .03 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

(Total Replacement Value) Equipment & Contents Premium  
(\$100 minimum premium applies)

**My total replacement value is over \$10,000**

(A \$1,000 deductible applies to values from \$10,001-\$100,000 and a \$2,500 deductible applies to values over \$100,000)

$$\$ .026 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

(Total Replacement Value) Equipment & Contents Premium  
(\$100 minimum premium applies)

**Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Coverage**  
 (Coverage is contingent upon underwriting approval and review of the following questionnaire)

1. Are all prospective employees/volunteers required to complete a written employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your employment/volunteer application ask the applicant if they have ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are references obtained and checked prior to hiring a staff member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have written procedures for responding to a reported abuse incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is a copy of the written procedure provided to each member of your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is mandatory notification to local law enforcement included in your written procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is suspension of the accused employee/volunteer part of your written procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any member of your organization ever been involved in an incident which resulted in an allegation of abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Rate/Premium Calculation:</b>	<b>Premium Due</b>
\$500.00 x number of locations	\$

Program Premium:	\$
Non-Registered Member Activity Coverage and/or Birthday/Social Party Premium:	\$
Equipment and Contents Premium	\$
Abuse, Molestation, Harassment or Sexual Conduct Defense Cost Reimbursement Premium	\$
Premium Due:	\$
<i>Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the amount due (1.3% x total premium)</i>	
<i>Total Premium Due for Florida applicant</i>	\$
Annual Risk Purchasing Group Membership Fee (Required)	\$10.00
<b>TOTAL COSTS DUE:</b>	\$

**SECTION 4: 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: \_\_\_\_\_

**SECTION 5: DOCUMENT DELIVERY/CERTIFICATE REQUEST**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered by e-mail, unless otherwise requested. 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. **Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.**

Certificate Request #1:

This certificate is for our:  Program coverage (commercial general liability)       Equipment and Contents Coverage

Check the type of certificate you are requesting:     Additional Insured     Evidence of coverage     Loss Payee

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to insured:  Owner/Lessor of premises       Sponsor       Co-promoter  
 Franchisor       Lessor of equipment & contents     Other (Explain below)

Please explain or attach any special certificate language needed:

Certificate Request #2:

This certificate is for our:  Program coverage (commercial general liability)       Equipment and Contents Coverage

Check the type of certificate you are requesting:     Additional Insured     Evidence of coverage     Loss Payee

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to insured:  Owner/Lessor of premises       Sponsor       Co-promoter  
 Franchisor       Lessor of equipment & contents     Other (Explain below)

Please explain or attach any special certificate language needed:

**EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program: abuse, molestation, harassment or sexual conduct (unless optional coverage is purchased); 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.); animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); any adult-themed parties/meetings/trips, including, but not limited to parties/meetings, trips during which demonstration of products and/or services used in the adult entertainment industry takes place; asbestos; commercial general liability standard exclusions (CG0001 12/04 edition); dietician services; employment-related practices; fireworks; fitness/exercise operations related in whole or in part, to performance as an exotic dancer or any similar occupation in the adult entertainment industry; fungi or bacteria; haunted attractions; lead; nuclear energy liability; performers (injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event. This exclusion does not apply to participants in any activity, event or exhibition that are part of the designated operations for which you are enrolled); rodeos; saddle animals; snowmobile; transportation of athletes/participants; the sale or distribution of herbal, medicinal and/or nutritional products; those operations listed as ineligible: acrobatic and circus skills training, ballroom rental facilities, banquet and reception halls, cabarets, dance halls, discotheques, nightclubs, production companies, professional dance companies, professional touring companies.

## 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; insurance benefits may also be denied)

**Applicable in Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in the District of Columbia** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Applicable 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.

**Applicable in Hawaii** – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Applicable in Kansas** – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy personal or commercial insurance, or claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable 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.

**Applicable in Minnesota** – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**Applicable in Oklahoma** – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable 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 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 or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If an agent: check here to acknowledge that you are signing on behalf of the named insured.**   

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION 7: PAYMENT INFORMATION**

**COSTS ARE 20% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

Payment plans are available when coverage is bound online at [www.summitamerica-ins.com/programs](http://www.summitamerica-ins.com/programs). Otherwise, premium is due in full.

**Making your Payment:**

**Check:** Please make check payable to Summit America Insurance Services

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 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 Summit America's Sure Step Insurance Program?**

Convention \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Search \_\_\_\_\_ Other \_\_\_\_\_  
Specify: \_\_\_\_\_ Specify: \_\_\_\_\_



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