



# Youth Day Camps Insurance Program

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

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based youth day camp operations (those attended by campers age 19 or under) with programs dedicated to activities other than sports skill development. Coverage provided under this program includes important liability protection for the camp, including its employees and volunteers, for liability claims arising out of its operations. In addition, the program provides medical payments for participants coverage to the camp participants. Coverage is provided on an annual basis, but only applies to those camp 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 operations. Participant does not include any compensated member of your staff, including employees or independent contractors.

## **ELIGIBLE OPERATIONS**

Youth day camps offering programs in the following categories are eligible to submit an enrollment form for this insurance program. If you do not see your form of operation, please contact Summit America.

- Academic day camps
- Arts and crafts day camps
- Computer day camps
- Creative writing day camps
- Culinary day camps
- Etiquette day camps
- Inventive builder/Lego day camps
- Math day camps
- Music day camps
- Nature day camps
- Performing arts day camps
- Photography/film making day camps
- Science day camps
- Vacation bible schools

## **EXCLUSIONS**

- Abuse, molestation, harrassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Asbestos
- ATV use
- Boating activities
- Employment-related practices
- Equestrian activities
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy
- Open water activities
- Ownership, operation, maintenance or management of any facility other than while being used for covered activities
- Pollution
- Separate ticketed events
- Transportation of participants

## **INELIGIBLE OPERATIONS**

Youth day camps offering the following operations are not eligible for this insurance program.

- After school/day care/latch key programs
- Camps involving animals other than service animals
- Camps providing overnight accomodations
- Camps with activities away from the main location
- Camps with attendees age 20 and over
- Sports camps

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.



**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 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
<b>Minimum Premiums:</b>	\$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 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: 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 provided by this program: 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; ATV use; boating activities; commercial general liability standard exclusions (CG0001 12/04 edition); employment-related practices; equestrian activities; fireworks; fungi or bacteria; haunted attractions; lead; nuclear energy liability; open water activities; operation, maintenance or management of any athletic facility or field, other than while being used for covered activities; performers; rodeos; saddle animals; separate ticketed events; snowmobile; transportation of participants; those operations listed as ineligible: after school, day care and latch key programs; camps involving animals other than service animals; camps with attendees age 20 and over; camps with activities away from the main location; camps providing overnight accommodations; sports camps/clinics.

## 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**

**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 \_\_\_\_\_

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

Signature: \_\_\_\_\_

**How did you hear about Summit America's Youth Day Camps 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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Toll Free: (800)955-1991

Fax: (913)327-0201

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