

Specialty Insurance Coverage

Accident & Liability For Camps, Clinics and Conferences



- Sports Camps
- School Groups
- Church Groups
- Employee Groups
- Organizational Groups
- Etc.

Francis L. Dean & Associates of Illinois, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Specialty Insurance Coverage

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In the past, insurance coverage for conferences, sports camps and clinics was either too costly, too limited or not available at all. Schools, coaches and directors were either forced to pay extremely high insurance premiums, or to run camps and clinics without the proper insurance protection, therefore running the risk of personal exposure to lawsuits or a participants injury claim.

However, this specialty insurance program has recently been developed to cover the inherent risks involved for the schools, park districts, coaches, directors and participants of today's conferences, sports camps and clinics. Accident and liability insurance coverage is offered as a standard product with optional coverage also available such as equipment, hired and non-owned automobile, and additional higher liability insurance limits.



The Accident Coverage

\$10,000.00 Benefit

Pays the medical bills of an injured student or staff member

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable \$100.00 Deductible Amount, not to exceed the Maximum Medical Benefit.

The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" means charges for the following necessary treatment and service, not to exceed the usual and customary charges in the area where provided.

- Medical and surgical care by a physician
- Radiology (X-rays)
- Prescription drugs and medicines
- Dental treatment of sound natural teeth
- Hospital care and service in semiprivate accommodations, or as an outpatient

- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing

Excess coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Covered Person.

Accidental Death and Dismemberment Benefit

Benefit amount is \$2,500.00. If a covered injury results in any of the losses specified below within 365 days after the date of the accident, the Company will pay the applicable amount:

- Full Principal Sum for loss of life
 - Full Principal Sum for double dismemberment
 - Full Principal Sum for loss of sight of both eyes
 - 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
 - 25% of the Principal Sum for loss of index finger and thumb of same hand
- "Member" means hand, foot, or eye.

Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.

- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

The Liability Coverage

\$1,000,000.00 Coverage

Protects you in the event of a lawsuit or property damage

Who Is Covered

This \$1,000,000.00 occurrence form general liability program provides protection for your Camp, Clinic or Conference's owners, directors, instructors, and employees against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

Coverage includes suits arising out of:

- Injury or death of participants
- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (nonprofit)
- General negligence claims
- All activities necessary or incidental to conduct of activities
- Cost of investigation and defense of claims, even if groundless
- Ownership, use, or maintenance of gyms, fields, or practice areas

Standard additional insureds such as school districts or venues may be added at no additional charge.

Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy. This program is not available for surfing activities, ice hockey, lacrosse, rugby or tackle football camps and clinics.

The Optional Coverages

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on camp, clinic or conference business.

Excess Liability Coverage

This coverage provides additional liability limits increasing the liability coverage per each occurrence.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$2,000,000 to larger amounts.

Sexual Abuse and Molestation

Liability coverage is provided for claims arising out of alleged sexual abuse and/or molestation.

\$5,000.00 Medical Expense Benefit

This coverage will reimburse an injured spectator or guest for medical and/or funeral expenses incurred as a result of bodily injury or death, regardless of whether you are liable or not.



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Part I Proposed Policyholder Please print or type

- a. **Full Legal Name of Proposed Policyholder** _____
- b. **Mailing Address** _____
Street City State Zip
- c. **Contact Person** _____
Phone Number _____ **E-mail Address** _____
- d. **Is this contact the person who would assist in the event of a claim?** Yes No (If no, please complete below)
Insurance Contact Name _____
Insurance Contact Phone Number _____ **Insurance Contact Email Address** _____
This contact information will be used by insurance company personnel should there be a claim. It is the responsibility of the policyholder/insurance contact to retain all documentation, video or other evidence and respond immediately to any and all requests or inquiries from insurance company personnel.
- e. **Requested Effective Date** _____ **Termination Date** _____
Policy will become effective on the Requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.
- f. **Please List All Sports and Activities.**

- PLEASE NOTE:** A separate program is available for Lacrosse, Rugby & Ice Hockey Camps.
PLEASE NOTE: Before/After School Programs, Camps with Horseback Riding, Camps with Amusement Park or Water Park exposures, Sport Instruction Facilities & Adult Soccer Tournaments are not eligible for this coverage and must be submitted to our office for quotation.
PLEASE NOTE INELIGIBLE ACTIVITY TYPES: High Ropes Courses, Zip Lines, Trampolines, Mechanical Bulls, Rock Climbing, Firearms/Riflery, Surfing Activities, White Water Rafting, Gymnastics, Jet Skis, Motorized Boats, ATVs, Water Skiing/Boarding, Fire Dancing, Bungee Jumping, inflatable Amusement Devices, Climbing Walls, and Activities outside of the U.S. are not eligible for coverage.
- g. **Has your past liability coverage been cancelled in any way in the last three years? If so, please be specific.** Yes No
- h. **Does your organization currently have a risk management plan?** Yes No
- i. **Does your organization currently utilize a waiver system?** Yes No

Part II Premium Rates And Benefits (minimum premiums are fully earned)

Rates include a \$10,000 Accident Policy and \$1,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate Liability Policy.

Premium Calculation (Choose All Plans That Apply)	Number of Campers	Rate Per Person By State NY, FL	Rate Per Person By State CT, MS, NV, RI, SC	Rate Per Person By State All Other States	Calculated Premium
Day Camp (1 day policy term)		\$3.20	\$3.05	\$2.60	
Day Camp (2 day policy term)		\$3.45	\$3.30	\$2.85	
Day Camp (3 day policy term)		\$3.45	\$3.30	\$2.85	
Day Camp (4+ day policy term)		\$4.32	\$4.25	\$3.65	
Day Camp - Staff		\$2.60	\$2.50	\$2.10	
Overnight Camp		\$5.76	\$5.55	\$4.70	
Overnight Camp - Staff		\$3.85	\$3.70	\$3.15	
Fully Earned Minimum Premium - Less Than Annual		\$440.00	\$428.00	\$373.00	
Fully Earned Minimum Premium - Annual		\$510.00	\$490.00	\$425.00	

Part II Premium Subtotal = \$ _____
(subject to applicable minimum premium)

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Part III Optional Liability Coverages (premiums are fully earned)

- Increased General Aggregate to \$3,000,000.00 _____ (Part II Premium Subtotal) x .05 = \$ _____
- Increased General Aggregate to \$4,000,000.00 _____ (Part II Premium Subtotal) x .10 = \$ _____
- Increased General Aggregate to \$5,000,000.00 _____ (Part II Premium Subtotal) x .15 = \$ _____
- Optional \$150,000.00 hired and non-owned automobile liability coverage is available for an additional \$225.00. = \$ _____
- Optional \$500,000.00 hired and non-owned automobile liability coverage is available for an additional \$500.00. = \$ _____
- Note: \$1,000,000.00 hired and non-owned automobile liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$100,000.00 sexual abuse and molestation liability coverage is available for an additional \$1,000.00. = \$ _____
- Optional \$5,000.00 Medical Expense Benefit for an additional \$10.00. = \$ _____
- Higher per occurrence limits of up to \$4,000,000.00 are available but subject to additional underwriting. Please contact your agent to apply for coverage.
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Premium Subtotal = \$ _____

Part IV Additional Insureds

Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.

Full Legal Name, E-mail Address	Full Mailing Address (including City, State and Zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Premium Subtotal = \$ _____

FLD Broker Fee = \$ **15.00**

TOTAL AMOUNT DUE (INCLUDING FLD BROKER FEE) = \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

- Enclosed is my payment for the total premium. Check ACH (see below) (**Annual Policies Only**) Credit Card (see below)
- Enclosed is 20% of my total premium. **Only available for Annual Policies. Agents: We will not invoice for the deposit. The deposit payment must be included on this form.** The deposit and monthly premium finance payments, including a finance fee, will be drafted automatically from the payment information provided below. This option requires either ACH or Credit Card payment. ACH (see below) Credit Card (see below)

Account Billing Address _____ Street _____ City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

<input type="checkbox"/> Please bill my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Name on Account _____ Bank Name _____ Bank City/State _____ Routing Number _____ Account Number _____ <p style="color: red; font-size: small;">This option is only available for Annual Policies. There is no convenience fee when you choose the ACH option.</p>	<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Cardholder Name _____ Card # _____ Exp. Date (mm/yyyy) _____ Security Code _____ <p style="color: red; font-size: small;"><i>A Convenience Fee of 3% will be added to Credit Card Transactions. For Financed Premiums, the convenience fee does not apply.</i></p>
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There is no convenience fee when you choose the ACH option or pay via check.

Part VI Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Waiver Requirement**
Each policyholder must implement a Release and Waiver of Liability and Indemnity Agreement for all participants and staff members. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a participant or staff member. However, your failure to maintain an adequate system to regularly secure Waiver and Release forms shall void your coverage in the event of an occurrence to a participant or staff member. A full supply of Waiver and Release forms shall be shipped to your policyholder upon request.
- c. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other 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 there to, commits a fraudulent insurance act, which may be a crime.
- d. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address