

Ice Hockey Camps, Clinics & Tournaments Liability Insurance Program

(Medical Accident Policy With At Least A \$10,000.00 Benefit Is Required)

Who Is Covered

This program provides protection for your coaches, volunteers, staff members, officers, directors, camp, clinic or tournament against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims. Coverage is offered through Sports and Recreation Providers Association Risk Management, Inc. There is no deductible amount.

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 (non-profit)
- Incidental medical malpractice
- All activities necessary to conduct of camp, clinic or tournament
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Discrimination claims (other than employment unless prohibited by law)

Coverage Available For:

- Hired and non-owned automobile liability
- Excess umbrella (follow form) liability up to \$5,000,000.00
- Sexual Abuse and Molestation

Exclusions

Fraudulent or dishonest acts, asbestos liability, assault and battery, punitive or exemplary damages, sexual abuse and molestation, employment related practices, professional liability, total pollution, collapse of temporary structure, fireworks and pyrotechnics, nuclear energy liability, use of saunas, sale/manufacturing/distribution of any athletic equipment 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.

Note: There is no liability coverage for claims arising out of any of the following activities: Gymnastics, Cheerleader Pyramiding, Trampolines or Inflatable Devices, Waterslides, White Water Rafting, Scuba Diving, Bungee Jumping, Rock Climbing, Repelling, Bicycle Tours, Ballooning, Parachuting, Rodeo, Motorsports or any other Saddle Animal Exposures.

Program Highlights

Occurrence Form Policy

“A++” Rated Insuring Company

Athletic Participant Coverage Included

Discrimination Claims Coverage Included

Worldwide Coverage for suits brought in the US, US Territories, Canada or Puerto Rico

Premium Rates And Benefits

Coaches, volunteers, staff members, officers, directors and staff members are included in the coverage, but are not charged for. Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate

- 1. Premium cost per ice hockey camper: \$4.25 per participant
- 4. Premium cost for an additional \$1,000,000.00 excess umbrella liability coverage: \$1,200.00
- 5. Premium cost for an additional \$2,000,000.00 excess umbrella liability coverage: \$2,200.00
- 6. Premium cost for an additional \$3,000,000.00 excess umbrella liability coverage: \$3,400.00
- 7. Premium cost for an additional \$4,000,000.00 excess umbrella liability coverage: \$4,500.00
- 8. Premium cost for an additional \$5,000,000.00 excess umbrella liability coverage: \$5,750.00
- 9. Premium cost to add \$1,000,000.00 hired and non-owned automobile liability coverage: \$850.00
- 10. Premium cost to add coverage for sexual abuse and molestation: \$0.35 per participant

Note: Hired and non-owned liability coverage provides liability protection for rented, borrowed and other non-owned vehicles driven on league or team business. Sexual abuse and molestation coverage is limited to \$100,000.00 per occurrence, \$200,000.00 aggregate. A separate minimum premium charge of \$1,000.00 applies to sexual abuse and molestation coverage. Not all risks may qualify for sexual abuse and molestation coverage as coverage is not available to overnight exposures.

Full Name of Camp or Clinic _____

Address of Camp or Clinic _____

Requested Effective Date _____ Requested Termination Date _____

Description of Sports or Activities _____

Has any Prior Coverage been Cancelled or Non-Renewed? Yes No

If Yes, please describe and provide loss history _____

For Sexual Abuse and Molestation Coverage: Have you had any prior sexual abuse or molestation claims? Yes No

Do you have any overnight exposure? Yes No

Do you have a written risk management plan which addresses sexual abuse and molestation? Yes No

Total Number of Participants _____ x \$ _____ = \$ _____
(Applicable Rate)

Total Number of Additional Insureds _____ x \$10.00 = \$ _____

Additional Optional Coverage if Applicable = \$ _____

Total Coverage Cost: \$ _____

Minimum program premium is \$300.00 for an annual policy term. For policies with a term of less than 12 months a minimum program premium of \$250.00 applies. Optional excess umbrella liability coverage, hired and non-owned automobile liability coverage or sexual abuse and molestation coverage is not included in the minimum program premiums. Please list the full name and addresses of all additional insureds on a separate page. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Francis L Dean And Associates, Inc.

Authorized Signature _____ Date _____

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