

# Youth Tackle Football, Rugby, Wrestling and Lacrosse 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, officers, directors, team or league 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 practices or games
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

## **Coverage Available For:**

- Hired and non-owned automobile liability

## **Exclusions**

Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, assault and battery, collapse of temporary structure, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, professional liability, pyrotechnics activity, total pollution, 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.

Note: There is no liability coverage for claims arising out of any of the following activities: All motor sports, ballooning, bungee jumping, cheerleading pyramids, gymnastics, inflatables, luge, mountain climbing, parachuting, polo, rock climbing, rodeo or any equestrian related sports, sale/manufacture or distribution of any athletic equipment, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting or any saddle animal exposures.

The optional hired and non-owned automobile liability coverage is not available in Illinois, Louisiana or Vermont.

## **Program Highlights**

Admitted Basis

Occurrence Form Policy

“A++” Rated Insuring Company

Athletic Participant Coverage Included

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

**Premium Rates And Benefits**

Coaches, managers, staff members, officers, directors and volunteer workers 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 for youth tackle football, rugby, wrestling or lacrosse: \$6.00 per participant
- 2. Premium cost to add \$1,000,000.00 hired and non-owned automobile liability coverage: \$850.00

Note: Hired and non-owned liability coverage provides liability protection for rented, borrowed and other non-owned vehicles driven on league or team business.

Full Name of League or Team \_\_\_\_\_

Address of League or Team \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization currently utilize a waiver system?  Yes  No

Does your organization currently have a risk management plan?  Yes  No

Does your organization have an underlying accident medical policy with at least a \$10,000.00 benefit amount?  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 \$550.00. Optional hired and non-owned automobile liability coverage is not included in the minimum program premiums. Please list the full name and addresses of all additional insureds on a separate page.

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

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 \_\_\_\_\_

**Program Administrator**

Francis L. Dean & Associates, Inc.  
307 West 7th Street, Suite 1720  
Fort Worth, TX 76102  
(817) 810-0507  
(800) 375-0552 FAX (817) 810-0477  
www.athletic-insurance.com