

Camps/Clinics/Tournaments Liability Insurance



■ Sports Camps
■ Tournaments

■ Non-Sports Camps

■ Clinics

THE CIA
COSSIO INSURANCE AGENCY

Camps/Clinics/Tournaments Liability Insurance

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

Who Is Covered

This program provides protection for coaches, volunteers, staff members, officers, directors, camps, clinics, or tournaments against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group. There is no deductible amount for this coverage.

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)
- All activities necessary to conduct 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, owned auto coverage, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, medical payments, 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, water craft, or any saddle animal exposures.

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 / \$1,000,000.00 Aggregate

- 1. Premium cost for day camps 3 days or less: \$2.00 per participant
- 2. Premium cost for day camps 4 days or more: \$2.50 per participant
- 3. Premium cost for overnight camps: \$3.75 per participant
- 4. Premium cost to increase the general aggregate to \$2,000,000.00: Additional 5% of total premium

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 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 _____

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 \$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. The minimum program premiums do not include the \$2,000,000.00 general aggregate or the optional hired and non-owned automobile liability coverage. Please list the full names 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 on 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 _____

Cossio Insurance Agency
PO Box 188
Simpsonville, SC 29681
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Fax: (864) 688 - 0138
www.cossioinsurance.com

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Not Available in All States
Premium Rates and Terms are Subject to Change