



## Amateur Sports Tournaments & Events Insurance Program

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

### PROGRAM DESCRIPTION

This program has been designed to provide coverage on a short-term basis for an amateur sports tournament or event. Coverage provided under this program includes important liability coverage for the U.S. based organization conducting the event, including the employees and volunteers, for liability claims arising out of its operations. Coverage is also included for ancillary activities (banquets, concerts, awards ceremonies) that are for those participants in your sports tournament or event.

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** - coverage which offers protection against bodily injury liability claims brought by persons participating in covered sports activities.

**Medical Payments to Participants** - coverage which pays the medical and dental expenses incurred by a "participant" when an accidental injury occurs while participating at the tournament or event that you are organizing. The coverage is provided on an excess basis, responding after all other coverage available to the "participant" has been exhausted. If no other 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. A "participant" means any person practicing, instructing or participating in any physical exercises or games, sports or athletic contests. Participant does not include any compensated member of your staff, including employees or independent contractors.

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000	\$5,000,000
Each Occurrence	\$1,000,000	\$2,000,000	\$3,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000	\$3,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000	\$3,000,000
Legal Liability to Participants	\$1,000,000	\$2,000,000	\$3,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000
Medical Payments for Participants (\$100 deductible applies)	\$ 25,000	\$ 25,000	\$ 25,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000	\$ 5,000

Spectator Only coverage are available through Summit America. Please complete the form labeled Amateur Sports Tournaments & Events – Spectators Only Insurance Program. You may download this form from our website at [www.summitamerica-ins.com/programs](http://www.summitamerica-ins.com/programs).

Higher limits are available for the Tournament & Events program. Please contact Summit America for additional information.

## ELIGIBLE OPERATIONS

An amateur sports tournament or event that meets all of the following criteria is eligible to submit an enrollment form for coverage under this program:

- Maximum number of participants is 2,500
- Maximum number of event days (including practice days) is 14 days (not including setup and tear down)
- Maximum spectator attendance per day is 7,500
- The sport activity being conducted falls into one of the listed eligible classes:  
**Class 1:** bowling, dance, golf, tennis, volleyball, walking  
**Class 2:** baseball, cross country skiing, kickball, softball  
**Class 3:** basketball, cheerleading (ages 19 & under), flag or touch football, lacrosse (ages 19 & under), on-shore fishing, racquetball, running, soccer (ages 19 & under), swimming, tackle football (ages 19 & under), wrestling (ages 19 & under)
- College recruit/showcases and all-star/bowl games (including practices) are eligible operations under this program.

Note: If your sport is not listed, contact Summit America at (800)955-1991 to verify eligibility.

## EXCLUSIONS

- 24-hour premises liability
- Abuse, molestation, harassment or sexual conduct
- Amusement devices (eg. rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Ancillary activities that require a separate admission charge and are open to the public
- Asbestos
- Claims arising out of the operations of independent concessionaires, exhibitors and vendors at your event
- Those operations listed as ineligible
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Pollution
- Room and board liability
- Legal liability to participants coverage and medical payment coverage for professional athletes and celebrity (national/local) participants
- Use of haunted attractions

## INELIGIBLE OPERATIONS

Sports tournaments or events that do not meet the eligibility criteria listed in this brochure are not eligible for this program as well as:

- Events involving animals other than service animals
- Professional sports events, try-outs and training camps/clinics
- College or university level championship events
- Highland games
- Events in the following sport categories: (please note, this is not a complete listing of ineligible sports)
- BMX/Stunt Cycling
- Boxing
- Cycling
- Equestrian
- Ice Hockey
- Kite Surfing
- Mixed Martial Arts
- Mountain Biking
- Open Water Events
- Rugby
- Skateboarding
- Skiing (snow or water)
- Snowboarding
- Streetball
- Tackle Football (ages 20 & over)
- Wrestling (ages 20 & over)

This brochure is for illustrative purposes only, and it is 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**

Name of event: \_\_\_\_\_

Type of competition/sport(s): \_\_\_\_\_

Event location: \_\_\_\_\_

Date of event (includes set-up and tear-down): \_\_\_\_\_ Hours of event: \_\_\_\_\_ to \_\_\_\_\_

Age group of athletes: \_\_\_\_\_ Total number of athletes: \_\_\_\_\_

Average daily spectator attendance: \_\_\_\_\_ Total spectator attendance \_\_\_\_\_

Note: Coverage may be subject to review and approval of additional information (e.g. copy of your brochure or flyer)

**EVENT BROCHURE/FLYER REQUIRED TO BIND COVERAGE**

Sport Class	Option A <small>(see page 1)</small>	Option B <small>(see page 1)</small>	Option C <small>(see page 1)</small>
<b>Class 1:</b> bowling, dance, golf, tennis, volleyball, walking	\$1.51	\$1.91	\$2.11
<b>Class 2:</b> baseball, cross country skiing, kickball, softball	\$1.72	\$2.12	\$2.32
<b>Class 3:</b> basketball, cheerleading (ages 19 & under), flag or touch football, lacrosse (ages 19 & under), on-shore fishing, racquetball, running, soccer (ages 19 & under), swimming, tackle football (ages 19 & under), wrestling (ages 19 & under)	\$2.01	\$2.41	\$2.61

Sport Class	Option	Rate		# of Participants		Premium
			X		=	

TOTAL PREMIUM  
(calculate lines from above) \_\_\_\_\_ \$

**MINIMUM PREMIUM**  
(see below) \_\_\_\_\_ \$

**Total Premium Due:** \_\_\_\_\_ \$  
(If the total calculated premium is less than the minimum premium, the total premium due is the minimum premium.)

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)

**Minimum Premiums:**

Option A	Option B	Option C
\$300	\$450	\$700

**SECTION 4: 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: \_\_\_\_\_

**SECTION 5: 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)**

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate.

Please indicate the type of certificate that you are requesting:  Additional Insured  Evidence of Coverage

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you:  Owner/Lessor of premises  Sponsor  Co-promoter  Other (Explain below)

Please indicate the type of certificate that you are requesting:  Additional Insured  Evidence of Coverage

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you:  Owner/Lessor of premises  Sponsor  Co-promoter  Other (Explain below)

## 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: 24-hour premises liability; 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.); Ancillary activities that require a separate admission charge and is open to the public; animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; athletic or sports participants in: box/indoor lacrosse, broomball, cheerleading (ages 20 and over), diving, dodgeball, drill team (ages 20 & over), gymnastics, hurling, inline hockey, inline skating, judo, karate, lacrosse (ages 20 & over), martial arts, powerlifting (ages 20 & over), ringette, roller hockey, soccer (ages 20 & over), street hockey, taekwondo, takraw, water hockey (ages 20 & over), water polo (ages 20 & over), weightlifting (ages 20 & over); commercial general liability standard exclusions (CG0001 12/04 edition); employment-related practices; fireworks; fungi or bacteria; haunted attractions; lead; legal liability to participants for professional athletes and celebrity participants; medical payments for participants for professional athletes and celebrity participants; nuclear energy liability; operation, ownership or management of any athletic facility or field, other than while being used for covered activities; operations of independent concessionaires, exhibitors and vendors at your event; performers; rodeos; room and board liability; saddle animals; snowmobile. Those operations listed as ineligible: events involving animals other than service animals; professional sports events, try-outs and training camps/clinics; college or university level championship events; events in the following sports categories: adventure races, bandy, billiards, bobsled, body boarding, boxing, BMX stunt performance, canoe, cycling, darts, equestrian, fishing (open water), hammer throw, hang gliding, highland games, hostelling, ice hockey, inline stunt performing, jai alai, javelin, kayaking, kite surfing, luge (street), marathon, mixed martial arts, modern pentathlon, mountain biking, mountain boarding, outrigger, parachute, parasailing, polo (horse), rafting, rodeo, roller derby, rowing, rugby, sailing, scuba diving, shooting sports, skateboarding, skiing (snow or water), sky diving, sky surfing, sled dog racing, snorkeling, snow boarding, snow surfing, streetball, surfing, tackle football (ages 20 & over), trampoline, trapeze, triathlon, unicycling, wake boarding, wind surfing, wrestling (ages 20 & over), yachting.

## 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 which 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**

**CANCELLATIONS OR CHANGES MUST BE REPORTED PRIOR TO YOUR SCHEDULED START DATE**

**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: \_\_\_\_\_

Note: Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

**How did you hear about the Coaches' Choice 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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Overland Park, KS 66210

Toll Free: (800)955-1991  
Fax: (913)327-0201

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