

Specialty Insurance Coverage for Sports Camps, Clinics and Conferences



- Accident Insurance
- General Liability Insurance
- Professional Liability Insurance
- Abuse or Molestation Insurance

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

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.

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

The Accident Coverage \$25,000 Benefit

*Pays the medical bills
of an injured player 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. 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 selfinflicted 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, OsgoodSchlatter'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.

General Liability Coverage

\$1,000,000 Coverage

Protects you in the event of bodily injury or property damage

Limits

Our General Liability, Professional Liability, and Abuse or Molestation coverages are separate limits. A claim under one coverage part will not reduce the coverage available for the two other coverage parts.

General Liability Coverage starting at \$1,000,000/\$1,000,000 limits
Professional Liability Coverage at \$1,000,000/\$1,000,000 limits
Abuse or Molestation Coverage starting at \$100,000/\$300,000 limits

Who Is Covered

This \$1,000,000 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 play areas
- Professional liability (involves specialized education, knowledge, labor, judgement and skill that is predominately mental or intellectual).
- Abuse or molestation limits of \$100,000 per occurrence, \$300,000 general aggregate. Includes alleged physical and non-physical abuse (verbal, mental or emotional abuse).

Standard additional insureds such as park districts, school districts or other venues can be added for no additional charge.

Exclusions

Exclusions include but are not limited to the following:

Access or Disclosure of Confidential or Personal Information and data-Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sublimit, Exclusion – Organic Pathogens. **This program is not available for surfing activities, ice hockey, lacrosse, rugby or tackle football camps and clinics.**

Note: This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please request a sample policy.

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 per occurrence and aggregate limits. This options requires further underwriting.

Increased General Liability Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 up to \$5,000,000.

\$1,000,000 Abuse or Molestation

Abuse or Molestation coverage is provided for claims arising out of physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse.

\$10,000 Medical Payments

Medical Payments coverage is a Commercial General Liability coverage which is designed to pay reasonable medical expenses, regardless of fault, for bodily injury caused by an accident.

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Requested Effective Date

Last Day of Coverage

Apply for:

Please select the activity(s) conducted at your camp/clinic/conference/tournament? (select all that apply)

Archery

Fishing

Soccer

Arts & Crafts

Flag Football (Non-Contact)

Softball

Backpacking

Golf

STEM/STEAM

Baseball

Hiking

Swimming

Basketball

Kayaking

Team Building Skills

Canoeing

Language

Tennis

Cheerleading

Music

Theatre

Cross Country Running

Nature Studies

Track & Field

Cultural Studies

Religion

Volleyball

Dance

Rowing

Other:

Educational

Skateboard

Ineligible Operations: Tackle Football, Boy or Girl Scouts, Boxing, BMX, Water Activities that are motorized (including water skis, jet skis, wake boarding, motorized boats), Before or After School Programs, Camps with Horseback riding, Equestrian Camps, Camps with Amusement Park or Water Park exposures, Sports Instruction Facilities, Adult Soccer Leagues and Tournaments. Operations outside of the U.S.

Ineligible Activity Types/High Hazard Obstacles: High Ropes Course, Zip Lines, Trampolines, Mechanical Bulls, Rock Climbing, Firearms/Riflery, Surfing Activities, White Water Rafting, Gymnastics, Jet Skis, ATVS, Fire Dancing, Bungee Jumping, Inflatable Amusement Devices, Climbing Walls, Activities outside of the U.S.

Please note: A separate program is available for Lacrosse, Rugby & Ice Hockey Camps.

Campers Information

Total number of Day Campers (3 days or less)

Total number of Day Campers (4 days or more)

Total number of Overnight Campers (3 days or less)

Total number of Overnight Campers (4 days or more)

Accident Coverage Premium Rate Calculator *Minimum Premium is Fully Earned Upon Policy Inception.*

Medical Expense Benefit

Campers Types	Number of people	Rate per person	Calculated Premium
Total number of Day Campers (3 days or less)	x		=
Total number of Day Campers (4 days or more)	x		=
Total number of Overnight Campers (3 days or less)	x		=
Total number of Overnight Campers (4 days or more)	x		=
Fully Earned Minimum Premium =			
Total Accident Premium =			

General Liability Questionnaire

Has your past liability coverage been canceled in any way in the last three years?	YES	NO
Does your organization currently utilize a waiver system?	YES	NO
Does your organization currently have a risk management plan?	YES	NO
Is your current insurer non-renewing coverage?	YES	NO
Have any liability claims been paid by your insurer during the last 3 years?	YES	NO
If yes, describe claims:		

Are any of the participants over the age of 19?	YES	NO
Do you operate a Residential or Sleepaway Camp Facility?	YES	NO
Are you an afterschool, daycare, or latchkey program?	YES	NO
How many days does your camp/clinic/conference/tournament operate?		
Less than 14 days	14 to 30 days	Over 30 days
Does your camp/clinic/conference/tournament serve a special needs group requiring medical services during the program?	YES	NO
Do you operate a commercial campground facility?	YES	NO
Does your camp/clinic/conference/tournament use a High Hazard Obstacles over 8 feet?	YES	NO
Do you have any activities/operations taking place at a residential location?	YES	NO
Is at any moment in your program an adult staff member working one-on-one with a youth participant?	YES	NO

General Liability Coverage Premium Rate Calculator Minimum Premium is Fully Earned Upon Policy Inception. Rates include \$1,000,000 Per Occurrence / \$1,000,000 Aggregate General Liability Policy.

General Liability Aggregate

	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Campers Types	Number of people		Rate per person		Calculated Premium
Total number of Day Campers (3 days or less)	x				=
Total number of Day Campers (4 days or more)	x				=
Total number of Overnight Campers (3 days or less)	x				=
Total number of Overnight Campers (4 days or more)	x				=
Fully Earned Minimum Premium =					
Total General Liability Premium =					

Optional Coverages Premiums are fully earned.

Hired and non-owned automobile liability coverage 12 or 15 plus passenger vans are ineligible for this program.

\$250,000 for an additional \$250.00	\$500,000 for an additional \$500.00	No, thank you.	=
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Medical Payments

\$10,000 for an additional	of Your Premium Rate	No, thank you.	x	=
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The following optional coverages are also available but subject to additional underwriting:
 \$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability
 Coverage, Equipment Coverage up to \$750,000, Excess Liability Coverage of up to \$4,000,000.
 Please contact your agent. [Download Abuse Questionnaire](#)

Your Premium Rate Subtotal =

Additional Insureds

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

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER

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

Your Premium Rate Subtotal =

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

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

Total Premium =

Excluded Activities

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales. Any use, handling, training, or storage of any firearms, ammunition, or explosives. Any operations involving bungee devices (except for indoor bungee fitness), carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Trail design, including trail construction and maintenance, Participants of Mixed Martial Arts (MMA) competitions or tournaments, Participants of boxing competitions or tournaments, Participants of bare-knuckle boxing, Any use of sharpened or live edged weapons, Security Officers Registration Act (SORA) training programs, WWE style fight training, professional fight training, professional fighting participants, Operations of independent concessionaires or vendors in conjunction with your organization or event, Operations of independent performers and artists in conjunction with your organization or event, Use of gymnastics apparatuses, including balance beams, uneven bars, vaults, spring flooring, and rings, Aerial activities and performances other than studio sponsored recitals with maximum heights of 12 feet.

Payment

Enclosed is: my payment for the total premium 20% of my total premium

Payment method: ACH Credit Card

FLD Broker Fee =

Total Amount Due

Including FLD Broker Fee

Acknowledgments 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 organization or team must implement a Release and Waiver of Liability and Indemnity Agreement for all players and staff. Unintentional error on your part in securing Waiver and Release forms shall not void your coverage in the event of an occurrence to a player 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 player or staff member. A sample waiver and release form is available 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.

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

.....
Signed for the Proposed Policyholder

.....
Signed by Licensed Agent

.....
Date

.....
Licensed Agent Name

Francis L. Dean & Associates, LLC



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