

Westpoint Insurance Group

General Liability Insurance

Protects you in the event of a lawsuit or property damage. Accident Medical policy with a \$10,000 limit is required.

In the past, liability coverage for sports was either too costly, too limited, or not available at all. Individuals were either forced to pay extremely high insurance premiums or to run programs without proper insurance protection, therefore running the risk of personal exposure to lawsuits or a participant's injury claim.

However, now a comprehensive program has been developed to specifically cover the inherent risks involved in running a sports league or team. This Liability Insurance Program is designed to help eliminate the financial and emotional burden one can incur as a result of a lawsuit or participant injury claim.

The Liability Coverage (\$1,000,000 Coverage)

Protects you in the event of a lawsuit or property damage

Who Is Covered

This program provides protection for your team, league, coaches and staff members against claims of bodily injury liability, property damage liability and the litigation costs to defend against such claims. Coverage is provided up to \$1,000,000.00 per occurrence with a general aggregate amount of \$2,000,000.00. 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 tackle football activities
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

Includes coverage of athletic participants.

Additional Insureds such as park districts or stadiums can be added for a minimal charge of \$10.00 each.

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 view a sample policy.

Exclusions & Ineligible Sports/Activities

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.

Premium Rates

Following is the per athlete liability premium rate:

\$5.50 Per Athlete (Adult - Age 19 and Over)

The minimum premium is \$250.00.

Additional liability limits of up to \$4,000,000 are available. Please contact us for rates.

Release and Waiver Requirement

Each Policyholder must keep on file a current completed and signed Release and Waiver of Liability/Informed Consent for each athletic participant prior to the participation in any Policyholder activity. Policyholders are responsible for distributing forms to their athletic participants and maintaining completed forms for simultaneous delivery at the time of notice of an athletic participant's injury claim. Provided you have implemented such procedures and you are unable to secure and provide such "release" despite your best efforts, you must assume and pay the first \$2,500 of each occurrence (including supplemental payments) resulting in an "athletic participant" legal liability claims. "Athletic participant" means players, coaches, managers, stage members, team workers, officials and volunteers who have been granted proper authorization to enter any "sponsored events."

Adult Sports

Accident Medical and General Liability Insurance



For Adult Sports Teams & Leagues

Program includes:

Archery	Fencing	Swimming
Badminton	Golf	Tennis
Basketball	Handball	Touch Football
Bowling	Inline Skating	Volleyball
Cross Country	Rowing	

**Sport not listed above? Questions or need assistance?
Contact your Representative:**

Westpoint Insurance Group

P.O. Box 1495
Bridgeview, IL 60455
(800) 318-7709

Fax: (708) 636-3915

E-mail: sales@westpointinsurance.com
www.westpointinsurance.com

The Accident Medical Insurance Plan

Pays the medical bills of an insured participant or staff member.

In the past, accident medical coverage for adult sports teams and leagues was either too costly, too limited, or not available at all. Individuals were either forced to pay extremely high insurance premiums or to run teams and leagues without proper insurance protection, therefore running the risk of personal exposure to lawsuits or a participant or staff member's injury claim.

However, now a comprehensive program has been developed to specifically cover the inherent risks involved for today's adult sports teams and leagues. This Accident Medical Insurance Program is designed to help eliminate the financial and emotional burden one can incur as a result of injury in today's athletic arena.

Who is covered?

All participants and Policyholder staff in the covered activity.

Covered Activity

All participants of the Policyholder are covered while participating in sponsored activities. A member is also covered while traveling, directly and without interruption, to and from any Policyholder sponsored activity and his or her home or place of residence.

Accidental Death & Dismemberment Limit & Benefits

If a covered injury results in any of the losses specified below within one year 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
- 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

If the Principal sum is payable, no indemnity will be paid for dismemberment. In any event, the double dismemberment indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

Maximum Medical Expense Benefit

If the Covered Person incurs eligible expenses as the result of a covered injury, the Company will pay the charges incurred for such expense within 52 weeks, beginning on the date of accident. Payment will be made for eligible expenses not to exceed the Maximum Medical Expense Benefit, subject to the applicable deductible amount (if any). The first such expense must be incurred within 60 days after the date of the accident.

Note: *Excess Coverage - This plan does not cover treatment or service for which benefits are payable under any other insurance or medical service payment plan available to the insured.*

Exclusions and Limitations

This Plan does not cover any loss to or resulting from

- Sickness or disease in any form, except pyogenic infections due to an accidental cut or wound
- The use of drugs or narcotics, unless administered under the advice of a physician
- War or any act of war, whether or not declared
- Participation in any riot or civil commotion
- Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline
- Suicide or any attempt thereat or any self-inflicted injury
- Service provided by any person or facility employed or retained by the Policyholder or member organization
- Service provided by any member of the Insured Person's family or household
- Dental treatment, except as the result of a covered injury.
- The repair or replacement of any artificial dental restoration.
- Expenses payable under any Workers Compensation Law or similar legislation
- Injury sustained while riding in or on any two or three wheeled engine driven vehicle
- Active duty service in any Armed Forces of any country, and, in such event, the prorata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days
- Parachuting, except for self preservation
- bungee jumping, flight in an ultralight aircraft, hang gliding;
- Treatment in any Veteran Administration or Federal Hospital, except if there is a legal obligation to pay
- Cosmetic surgery, except for reconstructive surgery due to a covered injury
- Charges the Insured Person would not have to pay if He did not have insurance
- Eyeglasses, contact lenses, hearing aids
- Charges that are in excess of Usual, Customary, and Reasonable charges

Premium Rates

Following are the per participant premium rates. Policy term in months is shown after name of sport.

Sport	Rate Class	Sport	Rate Class
Archery (6)	1	Handball (6)	1
Badminton (6)	1	In line Skating (6)	3
Basketball (6)	3	Rowing (6)	1
Bowling (8)	1	Swimming (9)	1
Cross Country (6)	1	Tennis (8)	1
Fencing (6)	1	Touch Football (6)	3
Golf (6)	1	Volleyball (5)	2

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Deductible Amount	Class 1	Class 2	Class 3
			Per Player Rates Ages 19 & Over	Per Player Rates Ages 19 & Over	Per Player Rates Ages 19 & Over
\$10,000	\$5,000	\$25.00	\$10.75	\$17.90	\$19.90
		\$50.00	\$9.90	\$16.50	\$18.35
		\$100.00	\$9.50	\$15.80	\$17.55
		\$250.00	\$8.00	\$13.35	\$14.85
		\$500.00	\$6.75	\$11.25	\$12.50

Minimum Policy Premium: \$150.00

Premium is Fully Earned Upon Policy Inception

Additional Covered Sports

Separate programs are available for adult baseball, boxing, lacrosse, soccer, softball, tackle football, wrestling, and youth sports. [Contact](#) representative for a customized quote.

Plan Not Available in All States.

Westpoint Insurance Group

Application – Adult Sports

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
3. Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group
P.O. Box 1495
Bridgeview, IL 60455**
4. Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
5. Call Westpoint at (800) 318-7709 if you prefer to pay by phone.

Contact Name (Last, MI, First)

Phone Mobile/Cell

Fax Web Address

E-mail Address

Name of Policyholder (Team, Squad, Association, League)

Address of Policyholder

City State Zip

Mailing Address, if different

City State Zip

Requested Effective Date Expiration Date

Activity to be Covered Name of Present Carrier:

Have you had any losses? Yes No

If yes, please attach number of losses, description for each and amount paid.

Premium Computation

If you have a customized quote from Westpoint for your group, please attach. Otherwise, using the rates below, please calculate your premium. In order to apply for the General Liability Insurance, you must first apply for the Accident Medical Insurance (see below).

Choose your sport below:

(1) Accident Medical Rates				
Choose 1 Deductible	Rate Class (On Page 2)	# of Players	x Rate	= Premium
<input type="checkbox"/> \$25.00	Class 1		\$10.75	
	Class 2		\$17.90	
	Class 3		\$19.90	
<input type="checkbox"/> \$50.00	Class 1		\$9.90	
	Class 2		\$16.50	
	Class 3		\$18.35	
<input type="checkbox"/> \$100.00	Class 1		\$9.50	
	Class 2		\$15.80	
	Class 3		\$17.55	
<input type="checkbox"/> \$250.00	Class 1		\$8.00	
	Class 2		\$13.35	
	Class 3		\$14.85	
<input type="checkbox"/> \$500.00	Class 1		\$6.75	
	Class 2		\$11.25	
	Class 3		\$12.50	
Sub-Total: (Minimum Policy Premium of \$150.00)				
(2) General Liability Rates				
Age Group	# of Players	x Rate	= Premium	
Adult (Age 19 & over)		\$5.50		
Sub-Total: (Minimum Policy Premium of \$250.00)				
(3) Additional Insureds – Park, Field, Gym				
# Required	x Rate	= Premium		
	\$10.00			
Sub-Total:				
Certificate Issuance Fee				\$15.00
Grand Total: (Add subtotals in Blocks 1-3)				

List additional insured name(s) and address(es)

Name

Address

City State Zip

This summary of coverage and exclusions is no substitute for reading the entire policy once received.

Any person who, with the intent to defraud or knowingly presents a false or fraudulent claim for payment of loss or benefit or false information on an application for insurance may be guilty of insurance fraud, and may be subject to civil fines and criminal penalties. Premium computation is subject to possible audit.

Check the following acknowledgements:

- I understand that the premium is fully earned upon policy inception.
- I have read the Release and Waiver Requirement.
- I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

Check one of the following Premium Payment Options:

- Call me for payment information
- Enclosed is my check/money order
- I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date CVS Number*

Cardholder's Name Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

- Please expedite my application and add the application Expediting Fee

Upon review and acceptance of your application, we will email (or mail) you a copy of your policy, certificate of insurance and receipt.

*The CVS Number is an additional security measure printed on all credit cards. The CVS is found on the back of the card for VISA, MC & Discover and on the front of the card for AMEX accounts.

Questions or Need Assistance?

Phone: (800) 318-7709

Fax: (708) 636-3915

E-mail: sales@westpointinsurance.com

Website: www.westpointinsurance.com