

## The General Liability Insurance Plan

Protects you in the event of a lawsuit or property damage. Accident Medical Policy with \$25,000 Benefit required.

### Who is covered?

Any kind of legal action is incredibly expensive, even if you are innocent or a lawsuit is frivolous. This program provides coverage 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.

### General Liability Limits\*

\$ 3,000,000 General Aggregate  
\$ 1,000,000 Products/Completed Operations  
\$ 1,000,000 Personal & Advertising Injury  
\$ 1,000,000 Each Occurrence  
\$ 100,000 Fire Damage  
\$ 25,000/\$50,000 Aggregate Sexual Abuse  
\$ 500.00 Deductible per Claim

(Increased Liability Limits are available upon request)

### Coverage Includes Suits Arising Out Of:

- Injury or death of a participant, spectator or volunteer
- Property damage liability
- Host liquor liability (non-profit)
- All activities necessary to conduct camp, clinic or tournament
- Ownership, use, or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if the claim is groundless
- Corporate Punishment
- Incidental Medical Malpractice
- Sexual Abuse and Molestation

### Policy Premium – Day Only

Per Participants Premium Rates:  
3 days or more - \$2.50 per participant  
3 days or less - \$2.00 per participant

Minimum policy premium: \$250.00

Overnight camp coverage is available - call for quote.

### 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."

### Exclusions

You must refer to the policy for complete information on policy exclusions. Your exclusions include, but are not limited to: Terrorism, war, asbestos, aircraft, 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, total fireworks & pyrotechnics, total pollution, 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, velcro jumps, cheerleading pyramids over 2 ½ persons high, inflatables, luge, mountain climbing, parachuting, parasailing, hang gliding, polo, rock climbing, rodeo or any equestrian-related sports, snow skiing, diving, sale/manufacture or distribution of any athletic equipment, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, water slides, white water rafting, boating, saddle animal exposures, Tobogganing, Skateboarding, Trampolines (over 46" in diameter), Mechanical Bulls, Paintball and Saddle Animals.

# Sports & Non-Sports Camps, Clinics and Tournaments

## Insurance Protection Plan



### Program includes:

The Accident Medical Plan

The General Liability Plan

Representative:

**Westpoint Insurance Group**

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

Fax: (708) 636-3915

E-mail: [sales@westpointinsurance.com](mailto:sales@westpointinsurance.com)  
[www.westpointinsurance.com](http://www.westpointinsurance.com)

# The Accident Medical Insurance Plan

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

## Who is covered?

All participants and Policyholder staff in the covered activity.

## Covered Activity

All activities sponsored and supervised by the Policyholder stated in the application and travel as a group directly to or from a covered activity.

## Accident Medical Expense Benefits

If the Insured Person incurs Covered Expenses as the direct result of an injury and independent of all other causes, the Company will pay the charges incurred for such expense in excess of the Deductible Amount, not to exceed the Maximum Medical Benefit. The first such expense must be incurred within 60 days after the date of the accident.

Covered Expenses are charges for medically necessary services or supplies made by a hospital, doctor, ambulance service, laboratory, clinic or pharmacy within one year of the date of the injury, not to exceed the reasonable and customary charges in the area where care is provided.

This plan does not cover treatment or service for which benefits are payable or available under any other insurance or medical service plan available to the Insured Person. Dental Expense due to accidental injury is limited to \$250 per tooth/per accident to a maximum of \$1,000 policy limit.

## Accident Medical Expense Limits

\$ 25,000	Maximum Medical Benefit
\$ 5,000	Spectator Medical Benefit
\$ 10,000	Accidental Death and Dismemberment Benefit
\$ 100	Deductible per Claim

Benefit Period: 1 Year

## Policy Premium – Day Only

Weekly (4 days or more)  
Per Participant: \$1.15

Daily (3 days or less)  
Per Participant: \$.23

Minimum Policy Premium: \$100.00

Customized plans including Increased Medical Limits, Lower Deductible and Overnight Camp coverage available upon request.

Premium is fully earned upon Policy inception.

## Accidental Death & Dismemberment Limit & Benefits

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

Both Hands or Both Feet	\$10,000
Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
One Hand and the Sight of One Eye	\$10,000
One Foot and the Sight of One Eye	\$10,000
Speech and Hearing in Both Ears	\$10,000
One Hand or One Foot	\$5,000
The Sight of One Eye	\$5,000
Speech or Hearing in Both Ears	\$5,000
Thumb and Index Finger of Same Hand	\$2,500

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

## Exclusions and Limitations

You must refer to the policy for complete information on policy exclusions. Your exclusions include, but are not limited to, the following:

- Suicide or any attempt at suicide or intentionally self inflicted injury or any attempt at intentionally self inflicted injury
- Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning
- The Insured's commission of or attempt to commit a felony.
- Declared or undeclared war, or any act of declared or undeclared war
- War, invasion, acts of foreign enemies, civil war, rebellion, insurrection or insurgencies
- Travel or flight in or descent from any aircraft, unless the Insured Person is a fare-paying passenger on a regularly scheduled flight on a commercial airline

- Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law
- the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
- Treatment of a Pre-existing Condition
- Charges incurred for cosmetic procedures unless made Medically Necessary by an injury
- Charges exceeding the reasonable & customary charge.
- Charges incurred for dental work unless the Insured Person sustains an injury which results in damage to his or her natural teeth
- Eyeglasses, contact lenses, hearing aids

## Limitations on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit.

Limitation on Multiple Covered Activities. If an Insured Person's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

***This brochure highlights the benefits, exclusions & limitations of the program, but is not a contract. For specific contract details, please review the insurance policy.***

# Westpoint Insurance Group

# Application – Camps, Clinics, & Tournaments

- This is an interactive form and can be completed online.
- If paying by check or money order, make payable to Westpoint Insurance Group.
- Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group  
P.O. Box 1495  
Bridgeview, IL 60455**
- Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
- 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)

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.*

Policy to cover (check one):

- Participants Only  Participants & Staff

The Camp is (check one):

- Daily (3 days or less)  Weekly (4 days or more)

Number of Participants	+ Number of Staff	= Total Eligible
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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).*

Mandatory Accident Medical Premium Calculation Subject to a minimum policy premium of \$100.00		
Select Camp:	<input type="checkbox"/> Daily (3 days or less)	<input type="checkbox"/> Weekly (4 days or more)
Total Eligibles	<input type="text"/>	<input type="text"/>
x No. of Days or Weeks	<input type="text"/>	<input type="text"/>
x Daily or Weekly Rate	\$ .23	\$ 1.15
= Sub-Total	<b>(Minimum of \$100)</b>	<b>(Minimum of \$100)</b>
General Liability Premium Calculation Subject to a Minimum Policy Premium of \$250.00		
Select Camp:	<input type="checkbox"/> Daily (3 days or less)	<input type="checkbox"/> Weekly (4 days or more)
Total Eligibles	<input type="text"/>	<input type="text"/>
x Daily or Weekly Rate	\$ 2.00	\$ 2.50
= Sub-Total	<b>(Minimum of \$250)</b>	<b>(Minimum of \$250)</b>
Additional Insureds (Request for Certificate of Insurance)		
Total #	x Rate	Total
<input type="text"/>	\$ 10.00 each	<input type="text"/>
<b>Certificate Issuance Fee</b>		<b>\$15.00</b>
<b>Grand Total:</b>		<input type="text"/>

*Subject to Minimum Premiums stated in description of coverage.*

*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