

# Westpoint Insurance Group

Westpoint Insurance Group

## Cheerleading Gym Facility

Accident Medical & General Liability Insurance Program

### Facility Insurance covers:

- Competitive & All-Star Cheer/Dance Teams
- Drill & Pom Teams/Squads
- Community/Recreational Cheer Teams



**Competitive Rates**



**Comprehensive Plan!**



**Always EXCELLENT  
SERVICE**

Westpoint Insurance Group

5920 West 111th Street

Chicago Ridge, IL 60415

[www.westpointinsurance.com](http://www.westpointinsurance.com)

# The Accident Medical Plan

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

## Who is covered?

All participants of the Policyholder listed in the application are covered while participating in sponsored and supervised activities, games and practices, including travel directly to and from.

## Medical Expense Benefit

The Accident Medical Expense Benefit is required and helps as the first line of defense when an accident medical claim is presented. When Medical bills are paid, without any out-of-pocket expense to the insured, the risk of a lawsuit under the General Liability can be greatly reduced. The claim must be submitted within 60 days of the accident and is subject to the plan deductible.

## Excess Coverage

This plan does not cover treatment or service for which benefits are payable under any other insurance or medical plan available to the insured.

## Accidental Death and Dismemberment Benefit

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.

## 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

Nor does the Plan cover:

- Service provided by any person or facility employed or retained by the Policyholder or member organization, including 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
- Exam for, prescription for, or the purchase of eyeglasses or contact lenses or hearing aids
- 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

**Note:** Certain of these exclusions or limitations may be modified to meet individual state requirements. All of the above are subject to the terms and conditions of the policy.

## NEW! LiveTravel© Emergency Assistance

An added advantage to our policy includes help to solve last-minute travel problems or emergencies while traveling with team members. Worldwide Travel Assistance coordinators will arrange emergency travel services such as lost luggage assistance, emergency cash transfer, urgent message relay, and travel delay reports. This service also coordinates Travel Medical Assistance in the event of a medical emergency – from medical referrals to medical evacuation and all things in between. For more information, refer to our Westpoint Travel Guard information sheet and remember this important benefit when you are traveling as our policyholder.

## Premium Rates and Benefits

All premium rates are based on a per participant basis. Coaches, managers, staff members, officers, directors, and volunteer workers are included in the coverage, but are not charged.

To request coverage, calculate your premium, fill in the information requested in the application provided and return with your full premium payment. The premium is fully earned upon policy inception.

### Accident Medical Coverage:

\$ 25,000 Medical Maximum  
\$ 5,000 Medical Maximum for Spectators  
\$ 250 Deductible

Customized plans including Increased Medical limits and Lower Deductibles are available upon request.

**Accidental Death and Dismemberment:** \$ 10,000 Benefit

### Per Participant Premium Rates:

Ages 12 & Under	\$ 3.72 Annual Term
Ages 13-15	\$ 4.20 Annual Term
Ages 16-18	\$ 6.84 Annual Term

### Accident Medical Insurance

**Minimum Annual Policy Premium:** \$150.00

# The General Liability Plan

Protects you in the event of a lawsuit or property damage.

## Who is covered?

Our plan is designed to provide liability coverage to gyms and facilities dedicated to teaching cheer and dance skills. Participants and staff members, are protected due to unexpected accidents causing bodily injury or property damage. If you are sued as a result of an injury due to general negligence, our policy will pay to defend you, even if you are found to be blameless. All activities sponsored and supervised by the policyholder are covered at home or away.

Coverage is provided up to \$1,000,000 per occurrence with a policy aggregate amount of \$3,000,000. There is a \$500 deductible.

\*Per occurrence is the maximum amount paid on a covered individual claim; aggregate is the maximum amount paid on all covered claims combined, within the policy period.

## Coverage Includes Suits Arising Out Of:

- Injury or death of athletic participants, spectators, staff members, or volunteers.
- Property damage liability
- Host liquor liability (non-profit)
- Sexual Abuse & Molestation subject to policy limits of \$25,000 per occurrence, \$50,000 aggregate
- Corporal Punishment
- Incidental medical malpractice
- Ownership use or maintenance of fields or practice areas
- Cost of investigation and defense of claims, even if groundless.

Schools, Park Districts, or facilities that allow us to use their property will also want certificates of insurance as proof of coverage. For a minimal charge of \$10 per certificate, they can be added as an "additional insured."

## Exclusions and Ineligible Sports/Activities

Fraudulent or dishonest acts, asbestos liability, assault and battery, employment related practices, professional liability, total pollution, collapse of temporary structure, fireworks and pyrotechnics, nuclear energy liability, use of saunas, fungus and mold, sale/manufacturing/distribution of any athletic equipment and liability for occurrences prior to the effective date of coverage.

Note: There is no liability coverage for claims arising out of any of the following activities: Cheerleading Pyramiding over 2 1/2 persons high, Inflatable Devices, Waterslides, White Water Rafting, Scuba Diving, Bungee Jumping, Rock Climbing, Repelling, Bicycle Tours, Ballooning, Parachuting, Hang Gliding, Parasailing, Tobogganing, Luge, Skateboarding, Trampolines (over 46" in diameter), Mechanical Bulls, Velcro Jumps, Paintball, Race Track Risk, Boating, Rodeo, Motorsports, Saddle Animal Exposures and Parades.

All of the above are subject to the terms and conditions of the Policy.

## 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, staff members, team workers, volunteers, game officials and cheerleaders who have been granted proper authorization to enter any "sponsored events."

## Premium Rates and Benefits

All premium rates are based on a per participant basis. Coaches, managers, staff members, officers, directors, and volunteer workers are included in the coverage, but are not charged.

To request coverage, fill in the information requested in the application provided and return with your full premium payment. Once your application is approved, proof of insurance in the form of a Certificate of Liability will be forwarded to you by fax or E-mail prior to the effective date of the policy. The premium is fully earned upon policy inception.

## Liability Coverage

\$1,000,000 per Occurrence / \$3,000,000 Aggregate  
(Increased Liability Limits are available upon request)

**Per Participant Premium Rate:** \$4.20 Age 18 and Under

## General Liability Insurance

**Minimum Annual Policy Premium:** \$300.00

\* Liability coverage cannot be purchased on a "stand-alone" basis. A minimum \$25,000 accident policy must be in place before the Liability Policy can be issued.

## Optional Coverages:

### Hired and Non-Owned Auto Coverage

Hired and non-owned automobile liability coverage provides liability protection for bodily injury or property damage on vehicles leased, hired, rented, borrowed and other non-owned vehicles driven while on the business of the policyholder.

- Policy Limit \$1,000,000      Annual Premium \$1,000.00

### Dishonesty Bond

The Dishonesty Bond covers against losses suffered through theft by an organization's President, Secretary, Treasurer, Concession Chairman or Fund Raising Chairman while engaging in activities sanctioned by the Policyholder.

- Policy Limit \$25,000      Annual Premium \$165.00  
( \$150 per bond + \$15 Fee)

### Contents/Sports Equipment (Inland Marine Coverage)

Coverage is available for loss or damage of all sports equipment, concession stand equipment and miscellaneous property. Maximum limit per any one item is \$5,000.00. Policy Deductible \$500. A Schedule of items with a value of \$1,000.00 or more must be attached to the application.

Exclusions: Damage to automobiles or similar conveyances, Theft by Employees, Damage to Fine Arts or Jewelry, Damage via Flood or Surface Water, Unexplained Disappearance, Damage by Wear & Tear, Damage by Insects or Vermin, Damage via Rust or Corrosion.

### Limits of Coverage & Premium

Limit	Premium
■ \$ 5,000	\$150.00
■ \$10,000	\$250.00
■ \$15,000	\$375.00
■ \$20,000	\$500.00
■ \$25,000	\$625.00

# Cheerleading Gym Facility

Accident Medical & General Liability Insurance Program

## Have Questions, Need Assistance?

Call Toll-Free (800) 318.7709

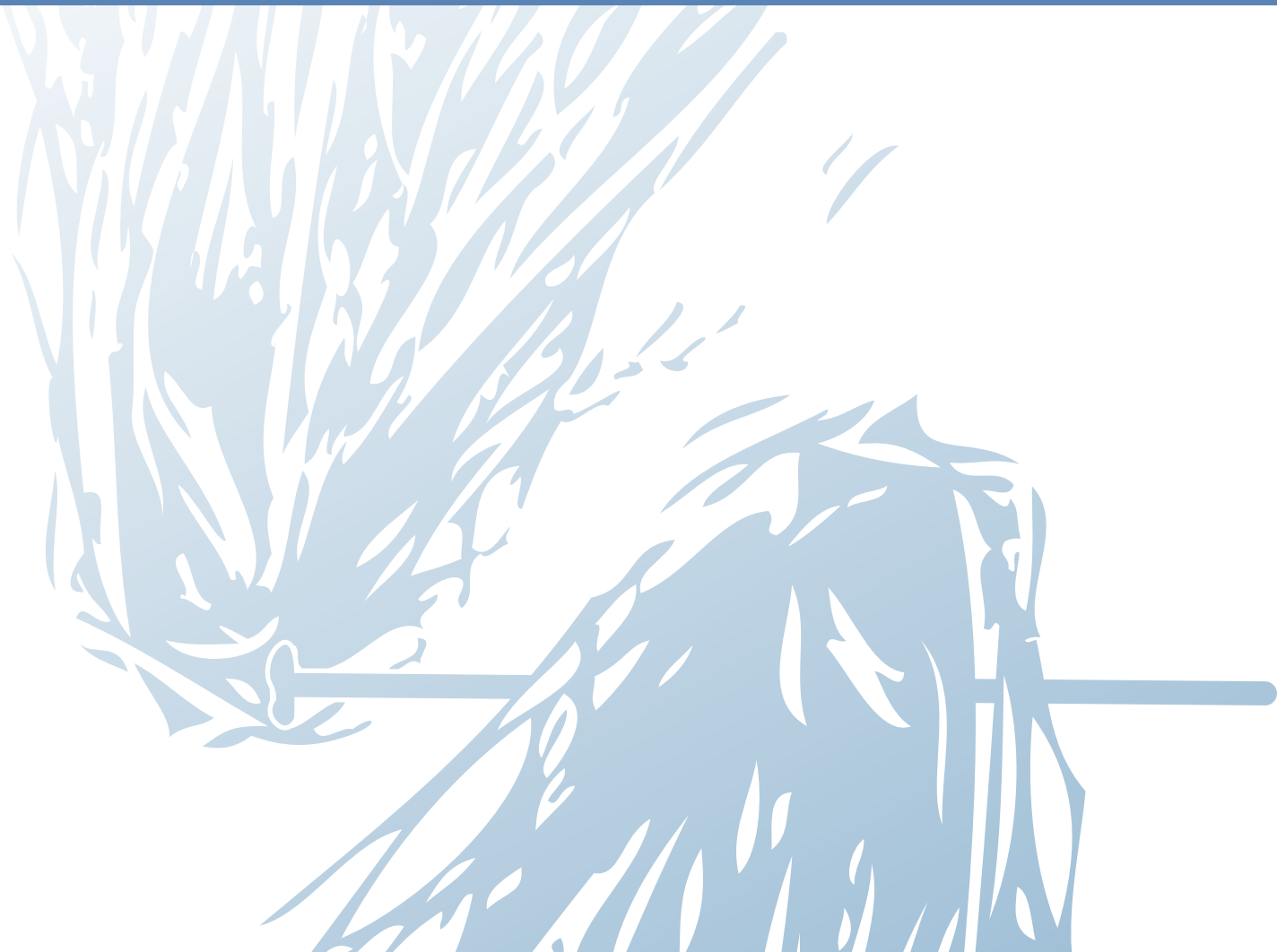
Fax: (708) 636-3915

Email: [sales@westpointinsurance.com](mailto:sales@westpointinsurance.com)

Visit our website:

[www.westpointinsurance.com](http://www.westpointinsurance.com)

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# Cheerleading Gym Facility

## Application for Cheerleading Gym Facility Insurance

### Section I – General Information

New Account  Renewal Account

Requested Effective Date \_\_\_\_\_

Named Insured (as it should appear on the policy) \_\_\_\_\_

Doing business as (DBA) \_\_\_\_\_

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

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

Contact Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

List operating locations if different from mailing address:

Location 1: \_\_\_\_\_

Street \_\_\_\_\_

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

Location 2: \_\_\_\_\_

Street \_\_\_\_\_

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

Additional Insured Information – List name and address & relationship of any entity requiring a certificate of insurance:

Name	Mailing Address	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**FOR NEW ACCOUNTS ONLY**, please complete the following:

What is the name of your current insurance carrier(s) and expiration date(s) of coverage? \_\_\_\_\_

Is your current carrier non-renewing your coverage?  Yes  No

If yes, please explain: \_\_\_\_\_

Have there been any general liability or accident medical losses in past 5 years?  Yes  No

If yes, please specify type of claim and dollar amount paid for each policy year: \_\_\_\_\_

### Section II – Primary Business Information

Please indicate the type of programs that are included in your operations (check all that apply)

- Adult and Child Classes (i.e., Mommy & Me)
- Cheerleading (including Competitive Dance, All-Star, Pom, Drill)
- Competitive Gymnastics
- Mobile Gymnastics Programs
- Preschool Gymnastics or Motor Skills Development
- Recreational Gymnastics
- Rhythmic Gymnastics
- Sports Acrobatics
- Tumble Buses
- Other (please describe): \_\_\_\_\_

Do you require a waiver and release form be signed by the student and/or their parent/guardian as part of your registration?  Yes  No

### Section III – Premises and Operations Information

Does your facility have any of the following operations or services:

Do you host Day Camps or Clinics?  Yes  No

Do the camps & clinics require an additional registration outside of your regular annually registered participants?  Yes  No

Describe the type of camps or clinics offered (include brochure, if available) \_\_\_\_\_

Describe all activities that occur away from the facility, if any (i.e., field trips, competitions, banquets, etc): \_\_\_\_\_

Do you offer onsite Childcare, Babysitting Services or Pre-school Programs?  Yes  No

Do you sponsor any overnight lockins or slumber parties?  Yes  No

Do you have climbing devices (climbing wall, cargo net, ropes) or zipline/pulley?  Yes  No

If yes, describe the device(s): \_\_\_\_\_

Do you host meets, competitions or tournaments involving other schools/clubs?  Yes  No

Do you require Certificates of Insurance from other schools or clubs participating in hosted events?  Yes  No

Do you have any Inflatable devices:  Yes  No

If yes, describe the inflatable(s): \_\_\_\_\_

Is the device used outside of facility?  Yes  No

Is the device rented to others?  Yes  No

Do you have a swimming pool, sauna, steam room, Jacuzzi, hot tub, whirlpool or spa?  Yes  No

If yes, a separate questionnaire is required for underwriting approval. Please call (800) 318-7709.

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## Section IV – Accident Medical - \$25,000 Policy Limit

Age Brackets	No. of Registered Participants at your busiest time of yr.	x Annual Rate/ participant	Annual Premium
Ages 12 & Under		\$3.72	
Ages 13 - 15		\$4.20	
Ages 15 - 18		\$6.84	
<b>Section IV - Sub Total</b>			\$

Subject to a minimum Accident Medical Policy Premium of \$150.00

## Section V – General Liability \$1,000,000 occurrence/ \$3,000,000 aggregate

Total No. of Registered Participants at your busiest time of year (See sub-total Section IV)	x Annual Rate/ participant	Annual Premium
	\$4.20	\$

Subject to a minimum General Liability Policy Premium of \$300.00

Higher Limits of Coverage are available by calling (800) 318-7709

## Optional Liability Coverages

Coverage can be provided for one-time events, classes, camps, clinics, parties, etc., that are not part of the regularly scheduled season and include outside participants requiring a separate registration. Additional underwriting is required in some instances.

### Birthday Parties

No. of Parties/yr.	Flat Rate	Annual Premium
1 – 10	\$ 75.00	
11 - 20	\$150.00	
21 - 40	\$200.00	
40 - 70	\$350.00	
71+	\$5.00/party	
<b>Sub Total</b>		\$

### Ancillary Activities for separately enrolled participants/activities

Activity /Program	Average No. Per Year	Average No. of Total Participants
Camps, Clinics or Classes		
Meets, Competitions or Tournaments		
Overnight Lockins or Slumber Parties		
Swimming Programs/Classes		
Other (please describe)		

Please call (800) 318-7709 for rates & policy underwriting

## Retail Store

Do you own or lease space for a retail store within your premises?  Yes  No

If yes, please indicate Gross Retail receipts: \$ \_\_\_\_\_

Type of Retail Store	Gross Receipts	x Rate	Annual Premium
		.01	\$

## Section VI- Inland Marine (Contents/Sports Equipment Coverage)

**Step 1:** Fill in the values to determine your total replacement cost amount for ALL locations.

Individually list any items with values over \$5,000 Value

- 1) \_\_\_\_\_ \$ \_\_\_\_\_
- 2) \_\_\_\_\_ \$ \_\_\_\_\_
- 3) \_\_\_\_\_ \$ \_\_\_\_\_
- 4) \_\_\_\_\_ \$ \_\_\_\_\_

Provide values for categories below. DO NOT include those values already shown above.

- 1) Supplies & Inventory (office supplies, items held for sale) \$ \_\_\_\_\_
- 2) Equipment & Contents (athletic equipment, electronics, furniture, phone/fax system, office contents, etc) \$ \_\_\_\_\_
- 3) Improvements & Betterments (items you have installed or altered at your expense, such as flooring, mirrors, ceiling tile, window treatments, lighting, shelving, etc) – Receipt of purchase is required at the time of loss to show verification of purchase. \$ \_\_\_\_\_
- 4) Signs (indoor or outdoor) \$ \_\_\_\_\_
- 5) Misc. equipment (please describe below) \$ \_\_\_\_\_

**Total replacement value for all location(s)  
(add all lines above)** \$ \_\_\_\_\_

(See chart below to determine limits of coverage)

Choose Limits of Coverage	Annual Premium
<input type="checkbox"/> \$5,000	\$150.00
<input type="checkbox"/> \$10,000	\$250.00
<input type="checkbox"/> \$15,000	\$375.00
<input type="checkbox"/> \$20,000	\$500.00
<input type="checkbox"/> \$25,000	\$625.00
<b>Section VI – Sub-Total</b>	
	\$

**Step 2:** List physical addresses where equipment and contents are stored

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

# Cheerleading Gym Facility

## Application for Cheerleading Gym Facility Insurance

### Section VII- Hired & Non-Owned Auto & Employee/ Volunteer Dishonesty Bond

	Annual Premium
<input type="checkbox"/> Hired & Non Owned Auto Coverage (See Brochure)	\$1000.00
<input type="checkbox"/> Employee/Volunteer Dishonesty Bond (See Brochure)	\$165.00
<b>Section VII – Sub-Total</b>	\$

### Section VIII – Abuse, Molestation, Harassment or Sexual Misconduct

#### Request for Increased limits

Complete the following information for underwriting review  
(Standard Limits included at no additional charge: \$25,000 per  
occurrence/\$50,000 policy aggregate)

- Are all prospective employees required to complete a written employment application?  Yes  No
- Does your employment application ask the applicant if they have ever been convicted of a crime, including sex-related or child-related abuse offenses?  Yes  No
- Are references obtained and background checks prior to hiring a staff member?  Yes  No
- How do you verify employment and/or volunteer related references?  
 Phone  In Person  Do Not Verify
- Do you have frequent discussions with your staff on the importance of providing a safe environment for the children in your care & reporting procedures?  Yes  No
- Do you have written crisis management procedures for responding to a reported abuse incident?  Yes  No  
(Please attach copies of written procedures pertaining to this exposure)
- Is a copy of the written procedure provided to each member of your staff?  Yes  No
- Do you have a plan of supervision monitoring staff including volunteers in day-to-day relationships with the children?  Yes  No
- Has any member of your organization ever been involved in an incident resulting in an allegation of abuse or molestation?  Yes  No

Describe the incident: \_\_\_\_\_

Was there a policy claim made against you?  Yes  No

Was the case settled?  Yes  No Taken to trial?  Yes  No

What was the dollar amount of the damages to the victim? \_\_\_\_\_

- Do you currently have a policy for Sexual Abuse Liability?  Yes  No

What is the policy Retroactive Date? \_\_\_\_\_

- What additional limits of coverage do you require? \_\_\_\_\_

### Section IX – Acknowledgements and Signatures

**Fraud Warning** – Any person who knowingly and with intent to defraud any insurance company or other person files and 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 may be a crime subjects such person to criminal and civil penalties.

**Applicants Statement** – The applicant stated herein declares to the best of his/her knowledge and belief, the information, statements and answers in this application are true and complete. The application also warrants that no material facts have been suppressed or misstated and further understand that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein. This application does not bind the applicant nor the Company to provide coverage, but it used as the basis of the contract should a policy be issued.

**Premium computation** is subject to audit and it is understood the premium is fully earned upon policy inception. No pro-rata refunds are available. Cancellation prior to the effective date must be in writing and subject to a policy processing & cancellation fee of \$75.00. 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 review the policy.

**Coverage Effective Date** for applications submitted by mail, fax, or E-mail with full payment is 12:01 a.m. on the postmark date of your completed application or 12:01 a.m. on the requested effective date whichever is later.

Authorized Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

### Section X – Premium Calculations & Policy Issuance

PREMIUM CALCULATIONS		
	BASE PLAN	Rating
Section IV – Accident Medical	\$	Minimum Premium \$150.00
Section V – General Liability	\$	Minimum Premium \$300.00
Certificate Issuance Fee	\$15.00	
OPTIONAL COVERAGES – Sections V, VI, VII		
Birthday Parties	\$	No. of Parties _____
Retail Store	\$	Gross Receipts x .01
Inland Marine (Contents/ Equipment Coverage)	\$	Requested Limit \$
Hired & Non-Owned Auto	\$	Flat Rate - \$1000.00
Dishonesty Bond	\$	Flat Rate - \$ 165.00
<b>TOTAL PREMIUM</b>	\$	Remit Premium with Completed Application

# Westpoint Insurance Group

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Check acknowledgements as follows:

- I understand that the premium is fully earned upon policy inception.
- I have read the Release and Waiver Requirement within the Brochure
- I certify the information I've provided in the application is true and coverage is not applicable until the application is accepted by the Company.
- I acknowledge the summary of coverage and exclusions provided is no substitute for reading the entire policy once received.

### PREMIUM PAYMENT OPTIONS

Check one of the following:

- Call me for payment information
- Enclosed is my check/money order for full payment of the Total Premium
- I authorize Westpoint Insurance Group to charge my full premium payment to my credit card as follows;

Card Number (Visa, MC, Discover, AMEX)

Expiration Date

CVS Number\*

Cardholder's Name as listed on the card

Phone

Applicant Signature

Date

\*The CVS number is an additional security measure printed on all credit cards. The CVS number is found on the back of the card and is the last three digits for VISA, MC, & Discover. It is the four digit number on the front of the AMEX card.

Upon review and acceptance of your application, we will E-mail you a copy of your policy, certificate of insurance and receipt.

To receive a proposal subject to underwriting criteria or request to bind coverage, E-mail, fax or mail the completed form and full payment to:

**Westpoint Insurance Group**  
**P. O. Box 1495**  
**Bridgeview, IL 60455**

Have questions or need additional information?

Call Toll-Free: (800) 318-7709, Fax: (708) 636-3915  
E-mail: sales@westpointinsurance.com  
Website: www.westpointinsurance.com

### For Corporate Use:

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING APPLICATION

Licensed Agent Signature

Date:

Agency/Brokerage

Agent/Contact Name

Mailing Address

City

State

Zip

Telephone

Fax

Agent/Contact E-mail Address

**Agents:** Attach a copy of your state license and a copy of the dec page of your E&O policy for processing.

**WESTPOINT**  
**INSURANCE**