

The Accident Medical Plan

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

\$100,000.00 Benefit

(Pays the medical bills of an injured student or staff member)

Medical Expense Benefit

If any youth or adult student or staff member incurs eligible expenses as the direct result of a covered injury, independent of all other causes, the Company will pay the charges incurred for such expense within 1 year beginning on the date of accident. Payment will be made for eligible expenses in excess of other applicable insurance, not to exceed the Maximum Medical Expense Benefit of \$100,000.00, subject to a deductible of \$100.00. The first such expense must be incurred within 60 days after the date of the accident.

"Eligible expenses" 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 semi-private accommodations or as an outpatient
- Ambulance service from the scene of the accident to the nearest hospital
- Orthopedic appliances necessary to promote healing
- Physiotherapy

Accidental Death and Dismemberment Benefit (\$50,000.00 Benefit)

If a covered injury results in any of the losses specified below within 1 year (not applicable in Pennsylvania) 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

Exclusions

This plan does not cover any loss to or resulting from:

- Intentional self-inflicted injury, suicide while sane or insane or any attempt thereof (in Missouri this applies only while sane)
- Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Insured Person's Physician
- Participation in a riot or insurrection
- An act of declared or undeclared war
- 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
- Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning
- Services or treatment rendered by a Physician, Nurse, or any other person who is:
 - Employed or retained by the Policyholder; or
 - Is the Insured Person or an Immediate Family Member
- Flight in an aircraft, except as a fare-paying passenger
- Dental treatment, except as otherwise provided, and only when Injury occurs to sound natural teeth
- Any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law
- 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

Dance Studio

Accident Medical & Liability Insurance Program



Programs include:

The Accident Medical Plan

The 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

www.westpointinsurance.com

The General Liability Insurance Plan

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

Who Is Covered

This \$1,000,000.00 occurrence form general liability program provides protection for your Dance Studio, 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. Coverage is provided up to \$1,000,000 per occurrence with a general aggregate amount of \$3,000,000 subject to a \$250 deductible.

Coverage includes suits arising out of:

- Injury or death of participants, spectators, or 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 school areas

Includes coverage for all on and off site recitals. Additional insureds such as landlords or recital facilities can be added at no additional charge.

Exclusions

Owned auto coverage, medical payments, 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, Cheerleading Pyramids, Trampolines or Inflatable Devices, Waterslides, White Water Rafting, Water Craft, Scuba Diving, Bungee Jumping, Rock Climbing, Repelling, Ballooning, Parachuting, Rodeo or any other Saddle Animal Exposures.

Premium Rates (Combined Accident and Liability rates)

\$4.00 Per Person Per Year (Staff included, no extra charge.)

Note: Certain exclusions and limitations may be modified to meet individual state requirements. Hired and non-owned automobile liability coverage provides protection for rented, borrowed, and other non-owned vehicles driven on dance studio business.

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. Not Available in All States.

Application – Dance Studio

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.

Name of School or Studio _____ Phone _____

E-mail _____ Web Address _____

Address _____

City _____ State _____ Zip _____

Name of Owner _____

Desired Effective Date of Coverage _____

Are you a:

- Corporation Municipality Partnership
 Health Club Park District Individual

What styles of Martial Arts are taught? Please be specific.

Has your past liability insurance been canceled in any way in the last three years? If so, please be specific.

Premium Computation (Minimum premium of \$450.00)

Total Number of students in the busiest month of the year	x Rate	= Total
	\$4.00	

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