

# Westpoint Insurance Group

## Sports Leagues/Teams General Liability Insurance

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

Westpoint Insurance has specifically designed an insurance plan to meet the insurance requirements of youth sports teams, leagues and associations. This youth sports insurance program protects participants and staff against third party bodily injury and property damage claims during supervised activities necessary to your sport.

### 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 participants, coaches, volunteers, staff members, officers or directors against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims.

Additional insureds such as park districts, gyms, fields, etc. can be added for a minimal charge of \$10 each facility.

### General Liability Limits\*

General Aggregate	\$ 3,000,000
Products/Completed Operations	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Fire Damage	\$ 100,000
Aggregate Sexual Abuse	\$ 25,000/\$50,000
Deductible per Claim	\$ 500

(Increased Liability Limits are available upon request)

### Coverage Includes Suits Arising Out Of:

- Injury or death of a participant, staff member, spectator or volunteer
- Property damage liability
- Host liquor liability (non-profit)
- All activities necessary to conduct practices or games
- 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

### 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 1/2 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.

### General Liability Premium Rates

\$1,000,000.00 Per Occurrence / \$3,000,000.00 Aggregate

**Premium cost for youth tackle football, rugby, wrestling or lacrosse: \$6.00 per participant**

# Tackle Football, Wrestling, Rugby, and Lacrosse

## Youth Sports Insurance



## Accident Medical & General Liability Insurance Protection Program

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 injured participant, staff member, or volunteer.

## Who is covered?

All participants of the Policyholder specified in the application are covered while participating in sponsored and supervised 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.

## 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  
\$ 10,000 Accidental Death and Dismemberment Benefit  
\$ 5,000 Spectator Medical Benefit

## 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	\$10,000
Full Principal Sum for double dismemberment	\$10,000
Principal Sum for loss of one hand, one foot or sight of one eye	\$5,000
Principal Sum for loss of index finger and thumb of same hand	\$2,500

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.

**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

You must refer to the Policy for complete exclusions and limitations. Your exclusions & limitations include, but are not limited to, loss resulting from the following:

- 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.
- Service provided by any member of the Insured Person's family or household.
- Dental treatment or repair of dental appliances, except as the result of a covered injury.
- 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.

## Program benefits include:

- Easy On-line Interactive Application
- Competitive Rates & Comprehensive Benefits
- 800 Toll-Free Support for Quick Quote Turnaround
- On-line Certificate Request Form
- Continued Claims Support
- "A+ Superior" A.M. Best rated insurance carrier

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

## Accidental Medical Premium Rates

Following are the per participant premium rates  
Deductible selected must be the same for all age brackets.

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Youth Sports Participant Rates			
		Age Group			
\$25,000	\$10,000	9 & Under	10-12	13-15	16-18
Spectator Medical	Deductible Amount				
	\$5,000	\$6.60	\$13.25	\$27.75	\$110.05
	\$250	\$5.55	\$11.15	\$23.05	\$92.45
	\$500	\$4.80	\$9.60	\$19.90	\$79.80

**Minimum Policy Premium: \$150.00**

# Westpoint Insurance Group

# Application – Youth Sports

- 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

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 and continue with the application. If you don't have a customized quotation, continue with the Premium Computation below to calculate your Total Premium. In order to apply for the General Liability Insurance, you must first apply for the Accident Medical Insurance with a \$25,000 minimum benefit.*

**The deductible selected MUST be the same for all age brackets.**

Choose Sport:

- Tackle Football  Rugby  Wrestling  Lacrosse

Mandatory Accident Medical Premium 5 month policy term			
Age Bracket	# Eligible	Choose the same Policy Deductible for ALL age brackets. Multiply # Eligible by Applicable Rate. <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	Total Premium
9 & Under	<input type="text"/>	<input type="checkbox"/> \$6.60 <input type="checkbox"/> \$5.55 <input type="checkbox"/> \$4.80	<input type="text"/>
10 - 12	<input type="text"/>	<input type="checkbox"/> \$13.25 <input type="checkbox"/> \$11.15 <input type="checkbox"/> \$9.60	<input type="text"/>
13 - 15	<input type="text"/>	<input type="checkbox"/> \$27.75 <input type="checkbox"/> \$23.05 <input type="checkbox"/> \$19.90	<input type="text"/>
16 - 18	<input type="text"/>	<input type="checkbox"/> \$110.05 <input type="checkbox"/> \$92.45 <input type="checkbox"/> \$79.80	<input type="text"/>
<b>Sub-total Minimum premium of \$150.00</b>			<input type="text"/>
General Liability Premium 5 month policy term			
Total # of Players	x Rate	Total Premium	
<input type="text"/>	\$6.00	<input type="text"/>	
<b>Sub-total Minimum premium of \$550.00</b>			<input type="text"/>
Additional Insureds (Fields, Parks, etc.)			
# of Additional Insureds	x Rate	Total Premium	
<input type="text"/>	\$10.00	<input type="text"/>	
<b>Grand Total (Remit with Application)</b>			<input type="text"/>

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

List additional insured name(s) and address(es)  
(Attach separate sheet if necessary)

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