

# Westpoint Insurance Group

## The General Liability Insurance Plan

*Protects you in the event of a lawsuit or property damage. Accident Medical Policy with \$10,000 Benefit required.*

### Who is covered?

This program provides protection for your camp, 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 per occurrence with a general aggregate amount of \$1,000,000. 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 camp activities
- Ownership use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

### 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.*

### General Liability Premium Rates

Coaches, managers, staff members, officers, directors, and volunteer workers are included in the coverage, but are not charged for. Please check all plan numbers that apply.

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

- 1. Premium cost per ice hockey camper: \$4.25 per participant
- 2. Premium to add \$1,000,000 hired and non-owned auto liability coverage: \$850

**The Minimum Premium for Camp/Clinic Liability Coverage is \$300.00 annually or \$250 for policies with a term of less than 12 months.**

Optional hired and non-owned auto liability coverage is not included in the minimum program premiums. Hired and non-owned automobile liability coverage is available for an additional \$850.00.

**Note:** *Hired and non-owned automobile liability coverage provides liability protection for rented, borrowed, and other non-owned vehicles driven on camp or clinic business.*

*Additional Insureds such as park districts or stadiums can be added for a minimum charge of \$10.00. Please list the full names and addresses of all additional insureds on a separate page.*

*Coverage Not Available in All States Premium Rates and Terms are Subject to Change This brochure highlights the benefits, exclusions & limitations of the program, but is not a contract. For specific contract details, please review the insurance policy.*

## Ice Hockey Camps, Clinics, & Tournaments

### Accident Medical & General Liability Insurance Protection Program



### Programs include:

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 Mandatory Accident Medical Plan

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

In the past, accident and liability coverage for Sports Camps and Clinics 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 Camp or Clinic. This Accident and Liability Insurance Program is designed to help eliminate the financial and emotional burden incurred as a result of a lawsuit or participant injury claim.

## Who Is Covered

All participants and staff members 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.

## Maximum Medical Excess Benefit

If the Insured incurs eligible expenses as the result of a covered injury, the Company will pay charges incurred for such expense within 52 weeks, beginning the date of accident. Payment will be made for eligible expenses not to exceed the Max Medical Expense Benefit of \$10,000.00, subject to deductible amount of \$100.00. The first such expense must be incurred within 60 days after the date of accident.

**Note:** A \$1,000 sickness benefit applies to all overnight camps.

## Accident Medical Expense Limits

\$ 10,000 Maximum Medical Benefit  
\$ 10,000 Accidental Death and Dismemberment Benefit  
\$ 100 Policy Deductible

## Accident Medical Premium Rates

- Accident Coverage - \$0.19 Per Person Per Day (Day Only Camps and Clinics)
- Accident Coverage - \$0.33 Per Person Per Day (Overnight Camps and Clinics)

**The Minimum Premium for Camp/Clinic Accident Medical Coverage is \$100.**

## Accidental Death & Dismemberment

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)
- 50% Principal Sum for loss of one hand, one foot or sight of one eye (\$5,000)
- 25% Principal Sum for loss of index finger and thumb of same hand (\$2,500)

If the Principal sum is payable, no indemnity will be paid for dismemberment. In any event, the double dismemberment indemnity is the max 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.
- 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.

# Westpoint Insurance Group

# Application – Ice Hockey Camp/Clinic

- 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.

## Computation of Premium using rates on page 1:

Camp Clinic is:  Day Only  Overnight

Description of activity

Number of Campers:

Mandatory Accident Medical Rates		
Number of Campers x	Multiply by chosen rate: Day Only or Overnight	Total Premium
	<input type="checkbox"/> \$.19 or <input type="checkbox"/> \$.33	
<b>Sub-total Minimum premium of \$100.00</b>		
General Liability Rates		
Number of Campers x	Multiply by chosen rate: Seasonal or Annual	Total Premium
	<input type="checkbox"/> Seasonal - \$4.25	
	<input type="checkbox"/> Annual \$4.25	
<b>Sub-total Minimum premium of \$250.00</b>		
<b>Sub-total Minimum premium of \$300.00</b>		
<b>Add Optional Hired &amp; Non Owned Liability Premium - \$850</b>		
Additional Insureds (Fields, Parks, etc.)		
# of Additional Insureds	x Rate	Total Premium
	\$10.00	
<b>Certificate Issuance Fee</b>		\$15.00
<b>Grand Total</b>		

**Note:** Hired and non-owned automobile liability coverage provides liability protection for rented, borrowed, and other non-owned vehicles driven on camp or clinic business

Name of Camp/Clinic

Camp/Clinic Address

City

State

Zip

Phone

Fax

Name of Policyholder

E-mail Address

Requested Effective Date

Termination Date

Has any prior coverage been cancelled or non-renewed?

Yes  No

If Yes, please describe and provide loss history:

Does your organization currently utilize a waiver system?

Yes  No

Does your organization currently have a risk management plan?

Yes  No

Does your organization have an underlying accident medical policy with at least \$10,000 benefit amount?

Yes  No

For policies with a term of less than 12 months, a minimum program premium of \$250.00 applies. Minimum program premium is \$300.00 for an annual policy term. Optional hired and non-owned auto liability coverage is not included in the minimum program premiums. Please list the full names and addresses of all additional insureds on a separate page.

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the agent.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by the insurance company.

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.

In order to request a Certificate of Insurance - Mail, Fax, or E-mail completed application to:

**Westpoint Insurance Group**  
5625 W. 79th Street  
Burbank, IL 60459

## Questions or Need Assistance?

**Phone:** (800) 318-7709

**Fax:** (708) 636-3915

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

**Website:** www.westpointinsurance.com