

Westpoint Insurance Group

The General Liability Insurance Plan

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

The General Liability Coverage

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

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

\$ 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

(Higher General 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 subject to Policy limits

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.*

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

General Liability Premium Rates Per Participant

\$5.50 - Youth Tackle Football
\$4.20 - Flag/Touch Football & Cheerleading

Minimum policy premium is \$550.00 for the policy term.

Tackle Football & Football Cheerleading

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
www.westpointinsurance.com

The Mandatory Accident Medical Plan

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

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

This comprehensive plan has been developed to specifically cover the risks involved for a Tackle/Flag Football & Cheer program, helping to eliminate the financial and emotional burden that can occur as a result of unforeseen accidental injury.

Who Is Covered

All participants of the Policyholder 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, subject to the policy deductible. 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. Dental Expense due to accidental injury is limited to \$250 per tooth/per accident to a maximum of \$1,000 policy limit.

Excess Benefit

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.

Accident Medical Expense Limits

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

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.

- \$10,000.00 Full Principal Sum for loss of life
- \$10,000.00 Full Principal Sum for double dismemberment
- \$ 5,000.00 Principal Sum for loss of one hand, one foot or sight of one eye
- \$ 2,500.00 Principal Sum for loss of index finger and thumb of same hand

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 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 w/24 hour. service
- Continued Claims Support
- "A+ Superior" A.M. Best rated insurance carrier

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Accident Medical Premium Rates Per Participant

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Tackle Football Participant Rates			
		Age Group			
Spectator Medical	Deductible Amount	9 & Under	10-12	13-15	16-18
\$25,000	\$10,000				
\$5,000	\$100	\$6.60	\$13.25	\$27.75	\$110.05

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Football Cheerleading Participant Rates		
		Age Group		
Spectator Medical	Deductible Amount	12 & Under	13-15	16-18
\$25,000	\$10,000			
\$5,000	\$100	\$2.75	\$3.15	\$5.15

Maximum Medical Expense Benefit	AD&D Benefit (Principal Sum)	Flag/Touch Football Participant Rates		
		Age Group		
Spectator Medical	Deductible Amount	12 & Under	13-15	16-18
\$25,000	\$10,000			
\$5,000	\$100	\$3.10	\$3.45	\$5.75

Minimum Policy Premium: \$150.00

Westpoint Insurance Group

Application – Tackle Football

- 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.

Premium Computation

Enter in # of Youth participants by age bracket and sport. Accident Medical Insurance must be purchased with the General Liability Insurance.

(1) Accident Medical Rates – Non-Tackle (Flag/Touch) Football			
Age Group	# of Participants	x Rate/Participant	= Premium
Ages 12 & Under		\$ 3.10	
Ages 13-15		\$ 3.45	
Ages 16-18		\$ 5.75	
Sub-Total Block (1):			
(2) Accident Medical Rates – Tackle Football			
Age Group	# of Participants	x Rate/Participant	= Premium
Ages 9 & Under		\$ 6.60	
Ages 10-12		\$ 13.25	
Ages 13-15		\$ 27.45	
Ages 16-18		\$ 110.05	
Sub-Total Block (2):			
(3) Accident Medical Rates – Cheerleading			
Age Group	# of Participants	x Rate/Participant	= Premium
Ages 12 & Under		\$ 2.75	
Ages 13-15		\$ 3.15	
Ages 16-18		\$ 5.15	
Sub-Total Block (3):			
Total Accident Medical Premium: (Add Blocks 1-3)			
(Minimum Policy Premium of \$150)			
(4) General Liability Rates			
Sport Category	# of Participants	x Rate/Participant	= Premium
Youth Non-Tackle		\$ 4.20	
Youth Tackle		\$ 5.50	
Youth Cheerleading		\$ 4.20	
Total General Liability Insurance Premium			
(Minimum Policy Premium of \$550)			
(5) Additional Insureds (Park Districts, Fields, Etc.)			
Number Required		x Rate Each	= Premium
		\$ 10.00	
Total Additional Insured Premium:			
Certificate Issuance Fee			\$15.00
Grand Total: (Add blocks I - V)			

List additional insured name(s) and address(es).
Use separate page 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?

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Fax: (708) 636-3915

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Website: www.westpointinsurance.com