

Camp & Conference Accident & Liability Insurance



■ Sports Camps
■ School Groups

■ Church Groups
■ Employee Groups

■ Organizational Groups
■ Etc.

The Accident Coverage

\$10,000.00 Benefit

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

Who Is Covered

All participants and staff members participating in covered activities.

Covered Activity

(A) All activities sponsored and supervised by the Policyholder during the Camp or Conference specified in the application, including travel with a group in connection with such activities, and (B) travel directly and without delay to or from the Insured Person's home or residence and the site of such activities.

Medical Expense Benefit

If the Covered Person incurs eligible expenses as the direct result of a covered injury and independent of all other causes, the Company will pay the charges incurred for such expense within 365 days, beginning on the date of accident. Payment will be made for eligible expenses in excess of the applicable Deductible Amount (\$100.00), not to exceed the Maximum Medical Benefit of \$10,000.00. The first such expense must be incurred within 90 days after the date of the accident.

"Eligible expense" 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
- 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

- Dental treatment of sound natural teeth

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

Accidental Death and Dismemberment Benefit

Benefit amount is \$2,500.00. If a covered injury results in any of the losses specified below within 365 days 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

"Member" means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight.

We will not pay more than the Principal Sum for this Benefit for all losses due to the same accident.

Exclusions and Limitations

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

- Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared.
- Sickness, disease or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.

- Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.
- Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
- Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- Service or Active Duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization.
- Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person.
- Treatment of a hernia, Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, whether or not caused by a Covered Accident.
- Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
- Eyeglasses, contact lenses, hearing aids.
- Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

The Liability Coverage

\$1,000,000.00 Coverage

(Protects you in the event of a lawsuit or property damage)

Who Is Covered

This program provides protection for coaches, volunteers, staff members, officers, directors, camps, clinics, or tournaments against claims of bodily injury, property damage, personal and advertising injury liabilities, and the litigation costs to defend against such claims. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group. There is no deductible amount for this coverage.

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)
- 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 groundless

Coverage Available For:

- Hired and non-owned automobile liability.

Exclusions

Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, 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, pyrotechnics activity, total pollution, war liability, 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, cheer-leading pyramids, gymnastics, inflatables, luge, mountain climbing, parachuting, polo, rock climbing, rodeo or any equestrian-related sports, sale/manufacture or distribution of any athletic equipment, skin diving, SCUBA diving, snow skiing, squash, tobogganing, use of saunas or other tanning devices, use of trampolines, water slides, white water rafting, water craft, or any saddle animal exposures.

Program Highlights

Admitted Basis

Occurrence Form Policy

"A" Rated Insuring Company

Athletic Participant Coverage Included

Worldwide Coverage for suits brought in the US, US Territories, Canada or Puerto Rico

\$1,000,000.00 Per Occurrence, \$2,000,000.00 General Aggregate

This program is not available for Lacrosse, Tackle Football or Wrestling Camps.

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.

Camp & Conference Accident & Liability Insurance



In the past, accident and liability coverage for Camps and Conferences 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 Camp or Conference. This Accident and Liability Insurance Program is designed to help eliminate the financial and emotional burden once can incur as a result of a lawsuit or participant injury claim.

Coverage is provided by the Berkley Group of Companies, rated "A+" by A.M. Best Company.

Camp & Conference Accident & Liability Insurance Enrollment Form

Please print or type

Name of Camp/Clinic _____

Mailing Address _____
Street City State Zip

Email _____

Effective Date of Coverage _____ Termination Date of Coverage _____

Please list all sports and activities _____

Has prior coverage been cancelled or non-renewed? Yes No

Do you currently utilize a waiver system? Yes No

Do you currently have a Risk Management Plan? Yes No

Premium Rates

(1) Total number of Day Campers (1 Day Policy Term) _____ X \$ 2.50 = \$ _____

(2) Total number of Day Campers (2 Day Policy Term) _____ X \$ 2.75 = \$ _____

(3) Total number of Day Campers (3 Day Policy Term) _____ X \$ 2.75 = \$ _____

(4) Total number of Day Campers (4+ Day Policy Term) _____ X \$ 3.50 = \$ _____

(5) Total number of Overnight Campers _____ X \$ 4.50 = \$ _____

(6) Total number of Coaches _____ X \$ 2.00 = \$ _____

(7) Optional Hired/Non-Owned Auto Coverage _____ X \$850.00 = \$ _____

Total Program Cost = \$ _____

(Subject to the Minimum Program Premium)

Please note: Minimum Program Premium is **\$362.50 for policies with less than annual terms and **\$415.00** for Annual Policies.

The Minimum Premium does not include the optional hired and non-owned automobile liability coverage. Please list the full names and addresses of all additional insureds on a separate page.

PLEASE NOTE: ALL POLICIES ARE SUBJECT TO A \$100 BROKER FEE CHARGED SEPARATELY AND FULLY EARNED

Choose 1 of the following options. Please initial your choice.

Enclosed is my check for the Total Premium

Please bill my VISA/MasterCard/American Express

Card # _____ Exp. Date _____

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Minimum premiums are fully earned.

Signature of School or Studio Representative

Policy Holder Telephone Number

Agent Name & License Number

Agent Telephone Number

Agent Address