

# Insurance program for United States Power Soccer Association and its member teams

## Program Description

This insurance program has been specifically designed for United States Power Soccer Association (USPSA) and its member teams. Coverage provided under this program includes important liability protection for the organization, including its employees and volunteers, for liability claims arising out of its operations. In addition, medical payments for participants and participant legal liability coverage is provided.

## Eligible Operations

Member teams providing instruction, practice, and competitive activities for the sport of wheelchair soccer to include fund raising, meetings, and award banquets. Current structure includes the athletic sport of soccer. Additional sports can be reviewed and considered for coverage prior to taking place.

## COVERAGE AND LIMITS

### Coverages

Commercial General Liability coverage protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations, and personal and advertising injury. No deductible applies to liability claims.

Participant Legal Liability offers protection against bodily injury liability claims brought by persons participating in sports activities.

Professional Liability offers protection against claims that arise out of the rendering, or failure to render: instruction, demonstration, direction and/or advice relating to the sports activity.

Medical Payments for Participants pays the medical and dental expense incurred by a participant when an accidental injury occurs while participating in your activities. The medical payments for participants coverage is provided on an excess basis, responding after all other medical coverages available to the participant have been exhausted. If no other medical coverage exists, the coverage becomes primary. A \$100 deductible applies to each claim and the benefit period is two years from the date of the accident.

Coverage for referees applies only while they are officiating/participating sanctioned USPSA games/activities.

If you have formed a legal entity that conducts all fundraising and other operations for the team, you will need to purchase the association coverage in addition to the team coverage. Otherwise coverage will apply only to the operations of the specific team named to the policy.

### Limits

Commercial General Liability each occurrence \$ 1,000,000  
General Aggregate \$ 2,000,000 (other than Products-completed Operations)  
Products-Completed Operations Aggregate \$ 1,000,000  
Personal and Advertising Injury \$ 1,000,000  
Medical Expense (other than participants) \$ 5,000  
Damage to Premises Rented To You \$ 300,000  
Professional Liability \$ 1,000,000  
Legal Liability to Participants \$ 1,000,000  
Medical Payments for Participants \$ 25,000

## Notable Exclusions

- Abuse or molestation • Asbestos • Employment-related practices • Lead
- Amusement devices (rides, slides, inflatables) • Climbing walls • Fireworks
- Dunk tanks • Fungi or bacteria • Pollution • Nuclear energy
- Operation or ownership of a sports facility • Haunted attractions
- Outside vendors/concessionaires in conjunction with your organization

## Carrier

Coverage is provided by a carrier rated A+(Superior) by A.M. Best.

**This document is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions, and exclusions. You may request a copy of the full policy by submitting a written request to USPSA.**

**(These rates are good from 09/01/2020-09/01/2021)**

**ASSOCIATION COVERAGE: \$329 per entity**

**TEAM COVERAGE: \$150 per team**

**REFEREE COVERAGE: \$25 Per referee**

## How To Obtain Coverage:

1. Complete and sign the enrollment form provided.
2. Remit the completed and signed enrollment form and appropriate premium payment to USPSA at:

By Mail: United States Power Soccer Association  
c/o Tiffany Labas, USPSA Secretary  
40 Jeffrey Drive  
Columbia City, IN 46725

3. You will be notified if, for any reason, your submission to this insurance program is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. An incomplete enrollment form will be declined and returned.
5. If your enrollment form is accepted, coverage documents will be issued.
6. Coverage will become effective on 09/01/2020 or the date after your completed enrollment form and premium payment are received by the company if received after 09/01/2020.
7. Coverage is effective at 12:01am on 09/01/2020 and expires at 12:01am on 09/01/2021.

**Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to USPSA who will then forward the information to the carrier.**

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# 09/01/2020 thru 08/31/2021 AMATEUR SPORTS ENROLLMENT FORM for Member teams of USPSA

This form must be completed, signed and returned with your payment to your Association Secretary. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms the organization's desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Coverage effective date is 09/01/2020 at 12:01AM and expires at 12:01AM on 09/01/2021. Note: Certain operations are not eligible for coverage through this program. K&K reserves the right to decline any request for coverage.

## Insured Information:

Team Name (legal entity): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Form of business:  Individual  Partnership  Limited liability company or joint venture  Trust

Other: \_\_\_\_\_

Number of years you have been in business or operating: \_\_\_\_\_

Coverage will become effective the date after your completed enrollment form and premium payment are received by the Insurance Company representatives.

**Note:** Coverage will not be made effective until the date after the completed enrollment form and payment are received by the Insurance Company representatives, or on a later date that you may specify \_\_\_\_\_,

List the location(s) where you conduct your sports activities: \_\_\_\_\_

List the type of fund-raising activities you plan to have: \_\_\_\_\_

Is there any form of player compensation or prize money awarded for participation?  Yes  No

Does your sports organization own or operate a sports facility or field?  Yes  No

Is your team a part of a larger organization?  Yes  No

**These rates are good from 09/01/2020 thru 08/31/2021**

**Association Coverage: \$329 per entity**

**Team Coverage: \$150 per team**

**Referee Coverage: \$25 per referee**

**Certificate Requests:**

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request additional certificates. Check the type of certificate that you are requesting:

Additional insured OR  Evidence of coverage

Certificate holder:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you:  Owner/lessor of premises  Sponsor  Co-promoter

Other (please identify/explain): \_\_\_\_\_

Special certificate language needed (please explain or attach information):  
\_\_\_\_\_

**IF ADDITIONAL CERTIFICATES ARE NEEDED, PLEASE ATTACH A SEPARATE PIECE OF PAPER WITH ALL OF THE INFORMATION INDICATED ABOVE. Future Certificate requests should be e-mailed to Tiffany Labas [secretary@powersoccerusa.org](mailto:secretary@powersoccerusa.org)**

**NOTE: Requests won't be processed without all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.**

**WARRANTY AND DISCLOSURE STATEMENT**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ **PLEASE READ AND SIGN**

**Enrollment Instructions:** Please refer to page 2, "How to Obtain Coverage".

In order to avoid a delay in processing, prior to sending please verify that:

- The eligibility criteria as outlined in the brochure have been met
- All questions/sections of the enrollment form have been answered/completed
- The Warranty and Disclosure Statement section has been signed
- The required premium payment has been provided

**Making Your Payment:**

Please make your check payable to USPSA, Inc for the appropriate premium charge and mail with your completed application to:

United States Power Soccer Association  
c/o Tiffany Labas, USPSA Secretary  
40 Jeffrey Drive  
Columbia City, IN 46725